



163
The Corporation

OF

The City of Cape Town



ANNUAL REPORT

OF THE

Medical Officer of Health,

For the year ended 30th June, 1945

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Report of the Medical Officer of Health.

FOR THE YEAR ENDED 30TH JUNE, 1945.

TO HIS WORSHIP THE MAYOR AND COUNCILLORS
OF THE CITY OF CAPE TOWN.

Ladies and Gentlemen,

I have the honour to present a report on the health conditions of the City of Cape Town for the year ended 30th June, 1945, together with an account of the work of the City Health Department during the year.

Vital Statistics.

The general death rate and infant mortality rate for all races continued to decline. The European death rate rose from 10·42 to 10·95, an increase of 5 per cent. The non-European death rate fell from 24·03 to 21·29, a decrease of 11·4 per cent. The death rate for all races fell from 17·44 in the preceding year to 16·36 for the year under review. The non-European death rate was 1·9 times as great as the European.

The European infant mortality rate, which was 32·43 in 1943-44 (the lowest on record for the Municipality) increased to 33·84, an increase of 4·3 per cent. The non-European infant mortality rate, 119·02, for the year under review, was the lowest recorded since 1936-37. It showed a decrease of 11·6 per cent. on the previous year. The infant mortality ratio for all races was 93·10, the lowest since 1936-37, and a decrease of 7·7 per cent. over the previous year. The non-European infant mortality rate was 3·5 times greater than the European.

The European birth rate fell from 24·04 to 22·14, a decrease of 7·9 per cent. The non-European birth rate fell from 45·21 in the previous year to 44·63, a decrease of 1·3 per cent. The birth rate for all races fell from 34·97 to 33·87, a decrease of 3·1 per cent.

Infectious Diseases.

Enteric Fever.—The mortality rate from enteric fever for the year was 0·02 for Europeans and 0·07 for non-Europeans. The incidence rates were 0·12 for Europeans and 0·44 for non-Europeans. The total number of cases was 97 (20 European and 77 non-European). The cases were sporadic in type, but in five homes multiple cases were found involving 14 persons.

Diphtheria.—There was a decrease in the incidence of diphtheria, the rate being the lowest on record for the Municipality for Europeans. The mortality rates were correspondingly low. Still greater improvement could be realised if more general use of the free immunisation service was made by parents.

Smallpox.—Smallpox, or "Amaas", was introduced into Cape Town by natives arriving from the Native Territories. Three natives were actually ill on arrival. The outbreak was speedily controlled by vaccination of contacts and isolation of cases. Where necessary, systematic vaccination is carried out at Langa Native Township on new arrivals from the Territories.

Acute Poliomyelitis.—During the year under report, Cape Town, like many other towns in the Union, experienced a severe epidemic of acute poliomyelitis. Many cases were admitted to the City Hospital from the areas of other local authorities, and in order to provide accommodation for the nursing of convalescent cases an auxiliary hospital was opened by the Provincial Administration at "Montebello", Newlands.

Cerebrospinal Fever.—There was a decrease in the number of cases of cerebrospinal fever. The European figure fell from 39 to 25, and the non-European from 222 to 80. There was a corresponding decrease in the number of deaths.

Measles.—The European death rate of 0·01 for measles has remained unchanged for the past three years, but the non-European rate decreased from 0·25 in 1943-44, to 0·05.

Whooping Cough.—The death rate for whooping cough decreased from 0·04 to 0·01 in the case of Europeans, but for non-Europeans the rate increased from 0·18 to 0·49.

Typhus Fever.—There was one case of typhus fever reported during the year in the person of a native male, aged 30 years, who was already ill on arrival in Cape Town from outside of the municipal area (Willowvale). He was admitted to the Langa hospital and died.

Tuberculosis.—There was an increase in the tuberculosis death rate for Europeans from 0·77 to 0·79, equal to 2·5 per cent., but the non-European rate fell from 6·46 to 5·69, a decrease of 12 per cent. The death rate for all races was 3·34 as compared with 3·70 in the previous year.

There is still a serious shortage of hospital accommodation for cases of this disease. No further beds were provided during the year but a proposal to erect 500 additional beds at Rentzkie's Farm was adopted in principle by the City Council. The Government limitation of subsidies on health expenditure continues to place a severe financial burden on local authorities, but it is hoped that considerable relief will be granted when the negotiations between the Government and local authorities in regard to financial relations are concluded.

Venereal Diseases.—There was a slight decrease in the number of persons suffering from these diseases during the year under report. 4,278 new cases (574 European and 3,704 non-European) were registered at the treatment centres, as compared with 4,625 cases (643 European and 3,982 non-European) during the previous year, a reduction of 11 per cent. for Europeans and 7 per cent. for non-Europeans.

The City Council's scheme for combating these diseases is based on the provision of free treatment, and a venereal disease officer devotes the whole of his time to this work. He is assisted by a full-time medical officer, a number of part-time officers and 7 nurse-visitors and orderlies. Five treatment centres are maintained, at which 33 medical sessions are held per week. The hospital accommodation for venereal diseases is insufficient, and plans for new wards to accommodate 85 patients, as well as for a new clinic, were approved during the year.

Maternal and Child Welfare.

The staff of this branch of the department includes four full-time medical officers, a number of part-time medical officers and 35 health visitors, with three non-European assistant health visitors. Eighteen welfare centres are maintained, at which 86 medical and dental sessions are held per week, including infant consultations, pre-natal clinics, school clinics and dental clinics. The new attendances of children under one year of age at the infant consultations during the year amounted to 64 per cent. of the number of registered births (European 36 per cent., non-European 77 per cent.); and the new attendances at the pre-natal clinics amounted to 47 per cent. of the number of registered births (European 12 per cent., non-European 64 per cent.).

Sanitary Inspection.

The departmental staff of health inspectors numbers 37. Also under the supervision of the Chief Health Inspector are 24 ratcatchers, eight public wash-houses with 15 attendants, and 43 public sanitary conveniences with 141 attendants.

Control of Milk Supplies.

Major B. M. Horwitz, B.V.Sc., was appointed by the City Council as full-time Veterinary Officer for the control of milk supplies, and commenced duty on 17th July, 1944. He has under his control two dairy inspectors.

Housing.

The housing shortage and the consequent overcrowding and slum-like conditions continue to be acute. The incorporation of Windermere into the Municipal area has increased the housing problem.

The programme of sub-economic housing has been energetically pursued, but it must be greatly intensified if the shortage of housing is to be materially relieved.

Staff.

Dr. T. Shadick Higgins, who assumed the position of Medical Officer of Health for the City of Cape Town on 18th June, 1923, retired on 29th November, 1944, on reaching the age of superannuation. Dr. Higgins' contributions in the fields of preventive and promotive health services, to the City of Cape Town in particular and to the country as a whole, are well known and require no elaboration. Under his able direction there has been an enormous growth in the activities of the City Health Department. As an indication of the success of his administration the European infant mortality rate fell from 72·4 in 1924 to 32·4 in 1944, which was the lowest on record for the City. There has also been a gratifying reduction in the non-European figure from 187·3 to 134·6. In the same period the population of Cape Town has increased from 196,610 in 1924 to 329,440 in 1944.

The extent of the development of the health services of the City during Dr. Higgins' term of office which is recorded in his published annual reports, may also be gauged by the expenditure on health services, which has increased from £60,000 in 1924 to £303,000 in 1944.

Dr. Higgins' services, however, were not lost to the City, as the Council, in recognition of his ability as a public health organizer and his vast knowledge and experience of public health and social conditions, wisely appointed him to the position of Medical Director of the Social Welfare Branch which it was proposed to establish within the Department. Whilst acting in this capacity Dr. Higgins also carried out a valuable survey of the housing needs of the City, and launched the campaign of slum clearance in the Windermere area.

I would like to place on record my personal appreciation of the valuable help and advice Dr. Higgins always accorded me during the period I was associated with him in this Department, and particularly after I succeeded him in office.

Major E. D. Cooper, M.D., F.R.F.P.S.(G), D.P.H. (Glas.), Senior Resident Medical Officer in the City Hospital for Infectious Diseases, who was on active service, was promoted by the Council to the position of Deputy Medical Officer of Health with effect from 1st January, 1945. He took up his duties on 7th May, 1945.

Acknowledgments.

I desire to acknowledge the assistance I have received from the staff of the City Health Department, and the support accorded me by the Chairman and members of your Public Health Committee and other members of the Council.

I am, Ladies and Gentlemen,

Your obedient servant,

F. O. FEHRSEN,

M.R.C.S., L.R.C.P. (London), D.P.H., M.R.San.I.,
Professor of Public Health, University of Cape Town,
Medical Officer of Health.

CITY HEALTH DEPARTMENT,

12, KEEROM STREET,

CAPE TOWN.

September, 1946.

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MUNICIPALITY OF THE CITY OF CAPE TOWN.

LEADING STATISTICS, YEAR ENDED 30TH JUNE, 1945.

Area : 50,560 Acres.	European.	Non-European.	All races.	European.
Total population	161,173	195,767	356,940	—
Population (excluding the Native Township of Langa and the district of Windermere) ..	160,590	174,240	334,830	—
	<i>A</i>	<i>A</i>	<i>A</i>	<i>B</i>
Birth rate	22·14	44·63	33·87	22·53
Death rate	10·95	21·29	16·36	11·41
Infant mortality rate	33·84	119·02	93·10	34·65
Tuberculosis death rate	0·79	5·69	3·34	0·82
Enteric incidence rate	0·12	0·44	0·29	—
Enteric death rate	0·02	0·07	0·05	0·02

All the above rates are annual and expressed as per 1,000 population of each class, except the infant mortality rate, which is expressed as per 1,000 births occurring during the year. The figures for the Langa Native Township and the district of Windermere are excluded from these rates.

A. Corrected for outward transfers.

B. Corrected for outward and inward transfers.

REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR ENDED 30TH JUNE, 1945.

SECTION I.—NATURAL AND SOCIAL CONDITIONS.

PHYSICAL GEOGRAPHY.

Cape Town is situated at the northern end of the Cape Peninsula. The Peninsula lies off the west coast of the mainland of South Africa, extending from north to south a distance of about 33 miles and attaining a maximum width of about ten miles. Its average width east and west may be estimated at five miles. The northern half of its eastern side is connected with the mainland by a wide low-lying sandy isthmus, known as the Cape Flats, which separates Table Bay to the north-west from False Bay to the south-east. The narrowest part of the isthmus measures about twelve miles from sea to sea.

The backbone of the Peninsula is a mountain range which extends from Table Mountain (3,495 ft.) at its north end to Cape Point at the south. The land slopes from the mountains to the sea or, where the isthmus joins the Peninsula, to the Cape Flats. While much of the Peninsula area lies at heights of over 1,000 ft., most of the isthmus does not reach 100 ft., and a rise of sea level would convert the Peninsula into two islands nearly equal in area.

There are three principal formations functioning in the simple geological* structure of the Peninsula : viz., (1) the Table Mountain Sandstone Series, beneath which is found (2) the granite, intruding into (3) a series of dark-coloured fine-grained sediments called the Malmesbury Slate Series.

The Malmesbury Series is found at the northern end of the Peninsula and constitutes the mountain mass known as Signal Hill and Lion's Head (except the summits) and also Devil's Peak. It forms the foundation of Green and Sea Point, Cape Town proper, Woodstock and Salt River, and Mowbray. In some places the beds of clay resulting from the weathering of this rock extend to a depth of several yards, and they are used extensively for brick-making.

The Table Mountain Series constitutes the higher part of Table Mountain, and almost the whole southern two-thirds of the Peninsula, where its lowest beds descend below sea level.

The granite forms the basement of nine-tenths of the Peninsula area. It constitutes the lower slopes of Table Mountain south of Sea Point on the western side and south of Rondebosch on the eastern side.

Resting on the lower slopes of the mountains is a talus apron consisting of a mixture of sand, clay and boulders.

From the bottom of the slope below the face of Table Mountain there extends down to Table Bay a bed of alluvial deposits, on which a good deal of old Cape Town is built. At the shore of the Bay there is a considerable area of land that has been reclaimed from the sea by the deposit of town refuse.

The Cape Flats are covered with a layer of sand varying in depth and containing in places a few feet beneath the surface a layer of ferruginous rock sometimes called "Cape laterite" and known locally as "ironstone gravel." The laterite consists of limonitic matrix which encloses sand, clay and rock fragments. It varies in thickness from a few inches up to say ten feet and generally rests on a few feet of sandy clay, which in turn lies upon the underlying hard rock, which may be either granito or slate.

The greater part of the Municipality is built upon the Malmesbury slate or granite, the sandy Cape Flats, and alluvial deposits. On the coast of False Bay the town from Muizenberg to Kalk Bay is built on the Table Mountain sandstone or on the talus and sand dunes covering the sandstone slopes.

The City of Cape Town consists of a central portion, which before the City extension of 1913 constituted the whole Municipality and is sometimes known as Cape Town proper or central Cape Town (Wards 2-7), and a chain of suburbs on either hand. The central portion lies in the amphitheatre which, extending down to Table Bay towards the north-east, is backed on the other sides by the precipitous face of Table Mountain and its outlying masses, Devil's Peak on the east and Lion's Head and Signal Hill on the west. It therefore lies between the mountain and the sea, and, unlike the centre of most cities, is not surrounded by its suburbs.

The suburbs extend beyond this amphitheatre on either hand. To the west, the marine suburbs, known as Green Point, Sea Point, Clifton, Camps Bay and Bakoven (Ward 1 and part of Ward 4) lie along the Atlantic sea board for a distance of about six miles curving with the coast in a southerly direction. They are on the seaward slopes of Signal Hill and Lion's Head.

To the east the "Southern Suburbs" (Wards 8-10 and 12-15) extend around Devil's Peak and are stretched for about sixteen miles along the road and suburban railway line which after rounding Devil's Peak pass along the eastern side of Table Mountain in a southerly direction to the shore of False Bay. Woodstock and Salt River (Wards 8 and 9), next to Cape Town proper, slope down to Table Bay, and at the other end Muizenberg, St. James and Kalk Bay (Ward 14) lie on the False Bay coast. The string of suburbs between, known successively as Observatory, Mowbray, Rosebank, Rondebosch, Newlands, Claremont, Kenilworth, Wynberg, Plumstead, Diep River, Heathfield, Retreat and Lakeside, lie on the eastern slopes of the mountain range, and, to a greater extent, on the Cape Flats below them. The Municipality extends over the Flats to a varying depth up to $4\frac{1}{2}$ miles, and the parts on the Flats contain a number of scattered townships and estates, some of which are served by the Cape Flats railway, which forms a loop lying in a more easterly position than the suburban line.

There is an extension of the Municipality beyond Salt River in a north-easterly direction on the Flats bordering Table Bay. This (Ward 11) includes the suburbs of Maitland, Brooklyn, Rugby, Kensington and Windermere which, together with other townships lying outside the municipal area of the City and following the main road to the north, are known as the "Northern Suburbs."

* The geological particulars in this section are taken from "Chapman's Peak" Guide Book of International Geological Congress, XV Session, South Africa, 1929, by Andrew Young, D.Sc.

AREA.

The area of the extended Municipality, on 30th June, 1945, amounted to 50,560 acres (approximately 79 sq. miles). On 1st May, 1943, the district of Windermere, an area of about 1,198 acres was added to the Municipality. The length of the main road passing through the Municipality from the boundary at Bakoven to that of Kalk Bay is about twenty-five miles.

CLIMATE.

Cape Town is situated Lat. $33^{\circ} 56'$ S., Long. $18^{\circ} 30'$ E. Its climate is largely determined by the fact that during the summer season the prevailing winds are south-easterly and in the winter season north-westerly; and that the western shore of the Cape Peninsula is washed by a cold current from the Antarctic.

There is an average of nearly three thousand hours of bright sunshine per year, and the temperature is very equable. The rainy season is in the winter, but occasional showers occur in the summer also.

The parts of the Municipality on the two seaboards are much frequented by holiday-makers from other parts of the country. To the attractions of the climate are added the great natural beauties of the Peninsula and its neighbourhood.

The meteorological readings taken by the City Health Department at the City Hospital, Portswood Road, for the year under review and for previous years will be found in Tables T to X, on pages 118 to 122.

From the point of view of public health Cape Town belongs definitely to the temperate zone, and tropical diseases, except in imported cases, are entirely absent. The state of health and the mortality statistics of the European part of the population are much the same as in a healthy European town.

SOCIAL AND ECONOMIC CONDITIONS.

One-half of the Cape Town population of over three hundred thousand consists of whites, or "Europeans." The other half is commonly designated as "non-European." Eight-ninths of these non-Europeans are of the mixed race known as Cape Coloured, and the remainder consists of Natives and Indians, who are both comparatively newcomers.

The Cape Coloured are largely the descendants of the slaves of earlier days, whose emancipation was completed in 1835. Their ancestors of the eighteenth century and earlier were mainly Europeans, Hottentots, blacks from Mozambique, Madagascar and other parts of Africa, and East Indians from the Dutch East Indies. In more recent years they have received additions from European, Bantu and other stocks.

There is one section of the Cape Coloured, Moslem in religion, known as "Malays," who are more immediately descended from the Dutch East Indians. Though they possess a larger infusion of this strain, they are much mixed with the other elements present in the Cape Coloured generally.

The social and economic conditions of the Cape Coloured are on the whole unsatisfactory. A part of them have skilled trades and earn good wages but the majority are unskilled labourers and many of the men earn less than 30s. a week when in full work. The position is aggravated by the large size of the families, but the family income is eked out when possible by earnings brought in by the wife and children. The measures taken for the prevention and relief of distress are inadequate, and there is no compulsory insurance against sickness and unemployment. There is much undernourishment, and housing accommodation is expensive and bad. The social and cultural level is low. The principle of compulsory education does not apply to non-Europeans, and, though there are some good Coloured schools, the general level of schooling is low, and there is a lack of discipline in adolescents and a serious problem caused by Coloured delinquency. The illegitimacy rate is high and venereal disease is rife. The social contrast between the Europeans and Cape Coloured can be expressed by the statement that whereas in the whites it is only a small minority that belong to the depressed classes, in the Coloured it is the majority. The same contrast is seen in housing conditions; it is a small minority of Europeans who live in slum conditions, but a majority of the Coloured.

The natives constitute only one-tenth of the non-Europeans. They live in the Council's native location, or as ordinary non-European residents in the City (where they are mostly slum dwellers), or in unsanitary shacks on the Cape Flats, or on their employers' premises. The segregation prescribed by the Natives (Urban Areas) Act is by no means completely enforced, for the reason that the houses in the location are too few to accommodate the population to be housed. Many of the natives are men from the native territories who still retain their link with the territories and commonly return there eventually: but there is an increasing population of detribalized natives who are permanently resident in Cape Town and live here with their families. Their social and economic conditions are on the whole worse than those of the Coloured people.

The Indians are less than 5,000 in number. They are nearly all traders, and they are better off than the Cape Coloured. Some of them are making good progress in business and becoming well-to-do.

The European population is in complete contrast with the non-European in every respect. It is a well-to-do community, and it differs from the population of a European town in that it includes only a small proportion of people of the labouring class. There is, however, a section with a working-class status, and a fringe who have sunk to the same social and economic level as the Coloured people.

There are parts of the City where the inhabitants are mainly non-European, and other parts that are exclusively occupied by Europeans and their non-European servants. The various sections of the community, however, are to a great extent intermingled, and there is nothing approaching complete segregation of the races. The geographical disposition of white and coloured is very much the same as that of well-to-do and poor in a European town. In the operations under the Housing Act the estates for Europeans are separate from those for non-Europeans, and this will contribute to progressive residential separation. The provision of a native location has the same effect.

Striking contrasts are presented by the vital statistics of the different races, which will be found in the next section of this report.

SECTION II.—VITAL STATISTICS.

For births and deaths and the corresponding rates, the year under report consists of the 52 weeks ended 29th June, 1945. The rates are corrected to the basis of a year of 365 days. Births and deaths are attributed to the date of registration.

Unless the contrary is stated, all statistics in this report are exclusive of the Langa Native Township, which has a rapidly changing population.

The births and deaths statistics are stated variously as:—

- (1) "Crude" or "uncorrected"; including all births and deaths registered during the year as having occurred in Cape Town.
- (2) "Corrected for outward transfers"; which is the foregoing (1) after the deduction of deaths in Cape Town of persons who were not Cape Town residents and births in Cape Town to mothers who were not Cape Town residents.
- (3) "Corrected for outward and inward transfers"; which is the foregoing (2) after the addition of deaths of Cape Town residents in parts of the Union outside of Cape Town and births in parts of the Union outside of Cape Town to mothers who were Cape Town residents.

Information as to outward transfers is available from the local returns for both Europeans and non-Europeans; but in regard to inward transfers the information is supplied by the Director of Census and Statistics, Pretoria, and is available in respect of Europeans only.

POPULATION.

The estimated population of the Municipality (exclusive of Langa Native Township, and of Windermere which was incorporated in May, 1943) is calculated for the middle of the year under report (31st December); as to Europeans from the figures of the 1936 and 1941 censuses, and, as to non-Europeans, the 1926 and 1936 censuses. It is as follows:—

Race.	Males.	Females.	Persons.
European	73,406	87,184	160,590
Native (not Langa)	8,560	3,310	11,870
Asiatic	2,904	1,246	4,150
Other Coloured	73,901	84,319	158,220
Non-European	85,365	88,875	174,240
All Races	158,771	176,059	334,830

Except where otherwise stated the rates in this report are based on the above figures, the events in the Langa Native Township and the added area of Windermere being excluded.

The estimated population for each ward is shown in Table J, on page 108.

The estimated population of Langa Native Township, based on the annual averages of an enumeration made at the end of each month, is as follows:—

European.	Coloured.	Native.	All Races.
26	—	7,849	7,875

The population of the added area of Windermere (including Factretton), as enumerated in the housing survey carried out there in 1944 and 1945 was as follows:—

European.	Coloured.	Native.	Asiatic.	All Races.
557	7,138	6,436	104	14,235

This addition brings the estimated population of the Municipality (including Langa and Windermere) to the following:—

European.	Coloured.	Native.	Asiatic.	All Races.
161,173	165,358	26,155	4,254	356,940

BIRTHS.

The births and birth rates for the Municipality of Cape Town in the year 1944-45 are shown in Table F, on page 104.

The birth rates and rates of natural increase per 1,000 population were as follows:—

	Birth rate.	Rate of natural increase.	
European	22.53	11.12	corrected for outward and inward transfers.
Coloured	43.52	23.19	corrected for outward transfers.
Native (not Langa) ..	55.42	20.11	" " "
Asiatic	56.06	38.42	" " "
All non-Europeans ..	44.63	23.34	" " "
All races	33.87	17.51	" " "

The non-European birth rate was 2·0 times as great as the European (corrected for outward transfers). The ratio was 2·0 for Coloured, 2·5 for Natives and 2·5 for Asiatics.

In Table G, on page 105, the annual birth rate and rate of natural increase for 32 years are set out in years and quinquennia.

As compared with the previous year the European birth rate (corrected for outward and inward transfers) showed a decrease of 8·5 per cent., and the non-European (corrected for outward transfers) a decrease of 1·3 per cent.

The natural increase of the non-European population (*i.e.*, the excess of births over deaths) was 2·3 times as great as that of the European population (corrected for outward transfers); expressed as per 1,000 population it was 2·1 times as great (Coloured 2·1, Natives 1·8, Asiatics 3·4).

In Table E, on page 103, the births and still-births, in wards, are tabulated by race and legitimacy and the births by sex.

The number of male births per 100 female births (corrected for outward transfers) was 91·6 amongst Europeans and 98·6 amongst non-Europeans.

The percentage of illegitimate to total births (corrected for outward transfers) was 4·0 amongst Europeans and 23·8 amongst non-Europeans. The corresponding figures for former years will be found in Table G, on page 105.

The number of still-births registered as having taken place in Cape Town during the year was 473, including 91 European and 382 non-European. Corrected for outward transfers the number was 418 (73 European, 345 non-European).

4,955 births (2,761 European and 2,194 non-European) and 259 still-births (72 European and 187 non-European) took place in maternity homes and other institutions within the Municipality. Corrected for outward transfers the births in institutions were 4,144 live births (2,197 European and 1,947 non-European), and 205 still-births (52 European and 153 non-European). This is equivalent to a percentage of 36·6 of all live births (corrected for outward transfers), the percentage being 62·0 amongst Europeans and 25·1 amongst non-Europeans.

Statistics based on birth notifications will be found in Table L, on page 110.

Births in the Langa Native Township and the district of Windermere are not included in the foregoing figures. Particulars regarding these will be found in Table R on page 116 and Table S on page 117.

DEATHS.

The deaths and death rates for the Municipality of Cape Town for the year 1944-45 are shown in Table F, on page 104. The death rates per 1,000 population were as follows:—

European	11·41	corrected for outward and inward transfers.
Coloured	20·33	corrected for outward transfers.
Native (not Langa)	35·31	" " "
Asiatic	17·64	" " "
All non-Europeans	21·29	" " "
All races	16·36	" " "

The non-European death rate was 1·9 times as great as the European (corrected for outward transfers). The ratio was 1·9 for Coloured, 3·2 for Natives and 1·6 for Asiatics.

The European death rate (corrected for outward and inward transfers) was 3·8 per cent. greater than that of the previous year and 3·4 per cent. greater than that of the previous quinquennium. The non-European rate (corrected for outward transfers) was 11·4 per cent. less than that of the previous year and 4·2 per cent. less than that of the previous quinquennium. In Table G, on page 105, the annual death rate for 32 years is set out in years and quinquennia.

CAUSES OF MORTALITY.

In Tables A1, A2, A3, A4 and A5, on pages 68 to 98, the deaths for the year will be found fully classified for cause, race, sex, age and ward. A shorter classification by cause and race is set out in Table B, on page 99; and in Table C, on pages 100 and 101, the rates of mortality from a short list of causes are shown by race with corresponding figures for the preceding ten years.

The following extract from Table C shows which are the greatest recorded causes of death in Europeans and non-Europeans respectively:—

Death rate per 1,000 population.

Europeans.	Non-Europeans.
Cardiac Diseases	3·03
Arterial Diseases*	1·58
Cancer	1·47
Tuberculosis	0·82
Congenital Malformation and Diseases of early Infancy	0·54
Bronchitis and Pneumonia	0·49
Violence	0·44
Nephritis	0·37
Diabetes	0·33
Diarrhoea and Enteritis	0·19
Tuberculosis	5·69
Bronchitis and Pneumonia	2·73
Diarrhoea and Enteritis	2·52
Cardiac Diseases	2·21
Congenital Malformations and Diseases of early Infancy	1·58
Arterial Diseases*	1·23
Cancer	0·78
Violence	0·77
Nephritis	0·47
Syphilis, G.P.I. Tabes and Aneurysm of the Aorta	0·39

The contrast between the races is largely due to two factors, viz., (1) the prominence in non-Europeans of deaths from causes associated with bad social and economic conditions, and (2) the difference in the age constitution of the two populations. Thus tuberculosis, and bronchitis and pneumonia, which are fostered by bad conditions of life, cause more mortality in non-Europeans than in Europeans, where they are far exceeded by circulatory diseases and cancer. The same influence operates in diarrhoeal diseases, measles and whooping cough. As regards the age factor, bronchitis and pneumonia, diarrhoea and enteritis, measles, whooping cough and the conditions in the "congenital" category, chiefly affect young children; and the large corresponding death rates in non-Europeans are in part due to the mere fact that there is a greater proportion of young children in the non-European population.

* Including intracranial lesions of vascular origin.

than in the European. (The figures for infant mortality in Table H, on page 106, afford a comparison between the races free from the distortion caused by difference in age constitution.) Similarly cancer circulatory diseases and diabetes occur especially in middle and old age, and the prominence of the mortality rates from these diseases in Europeans is mainly due to the larger proportion of people of such age in the European population. In other words a larger proportion of non-Europeans die before reaching the age when they are most liable to develop such diseases (see table below, age at death).

In Table J, on page 108, the deaths by race are classified according to place of residence (wards).

Deaths in the Langa Native Township and the district of Windermere are not included in the foregoing figures. Particulars regarding these will be found in Tables A4 and A5, on pages 96 and 98, and in Tables R and S, on pages 116 and 117.

DEATHS IN INSTITUTIONS.

In Table K, page 109, the deaths which took place in various institutions are set out.

Of the total deaths in Cape Town (uncorrected) 36·4 per cent. took place in institutions (45·4 per cent. of all European deaths and 32·0 per cent. of all non-European deaths).

After correcting for outward transfers the percentage of deaths occurring in institutions was 29·5 (38·0 per cent. of European deaths and 25·5 per cent. of non-European deaths). Correcting also for inward transfers 39·4 per cent. of European deaths took place in institutions.

SEASONAL VARIATIONS.

The seasonal variation in mortality is shown in Table D, on page 102, where the deaths for the year 1944-45, classified for certain causes and by race, are set out according to the month of registration.

SEX.

The death rates (per 1,000 population) during the year under review are shown in the following table according to sex :—

Race.	Uncorrected.		Corrected for outward transfers.		Corrected for outward and inward transfers.	
	Males.	Females.	Males.	Females.	Males.	Females.
European	15·94	10·29	13·40	8·89	13·92	9·30
Native (not Langa)	35·14	50·89	30·46	47·87		
Asiatic	20·37	13·68	19·34	13·68		
Other Coloured	25·05	20·19	22·61	18·34		
Non-European	25·94	21·21	23·32	19·34		
All Races	21·32	15·81	18·73	14·17		
Native (Langa)			18·70	28·50		

It will be seen from the above figures that in Europeans the male death rate (corrected for outward and inward transfers) was 49·7 per cent. greater than the female; and in non-Europeans the male death rate (corrected for outward transfers) was 20·6 per cent. greater than the female (Asiatics, 41·4, Coloured 23·3; in Natives the male death rate was 36·4 per cent. less than the female).

AGE AT DEATH.

The number of deaths at various ages are summarized in the following table :—

	No. of deaths.			Percentage of all deaths.		
	Male.	Female.	Total.	Male.	Female.	Total.
A. Europeans :						
Under 1 year	72	53	125	7·07	6·55	6·84
Over 1 and under 5 years ..	25	19	44	2·45	2·34	2·41
" 5 " 25	40	43	83	3·93	5·32	4·54
" 25 " 65	402	279	681	39·45	34·49	37·25
" 65 years	480	415	895	47·10	51·30	48·96
Total European deaths ..	1,019	809	1,828	100·00	100·00	100·00
B. Non-Europeans :						
Under 1 year	512	411	923	25·83	23·94	24·95
Over 1 and under 5 years ..	306	324	630	15·44	18·87	17·03
" 5 " 25	202	254	456	10·19	14·79	12·33
" 25 " 65	770	514	1,284	38·85	29·94	34·71
" 65 years	192	214	406	9·69	12·46	10·98
Total Non-European deaths	1,982	1,717	3,699	100·00	100·00	100·00

A. Corrected for outward and inward transfers.

B. Corrected for outward transfers.

From the foregoing figures it will be seen that the deaths under 5 years of age constitute 9·2 per cent. of all deaths in Europeans, as compared with 42·0 per cent. in non-Europeans; and that the deaths under 25 years of age constitute 13·8 per cent. of all deaths in Europeans as compared with 54·3 per cent. in non-Europeans.

Statistics for infant and maternal mortality will be found in the next section.

SECTION III.—MATERNAL AND CHILD WELFARE.

A.—STATISTICAL.

(Maternity and Child Welfare Officer : Dr. E. Mary Broome.)

INFANT MORTALITY.

The deaths of infants under one year old for the Municipality of Cape Town in the year 1944-45, and the corresponding rates, are shown in Table F, on page 104. The infant mortality rates per 1,000 births were as follows :—

Europeans	34·65	corrected for outward and inward transfers.
Coloured	113·73	corrected for outward transfers.
Native (not Langa) .. .	198·17	" " "
Asiatic	51·72	" " "
All non-Europeans .. .	119·02	" " "
All races	93·10	" " "

The non-European infant mortality rate was 3·5 times as great as the European (corrected for outward transfers). The ratio was 3·4 for Coloured, 5·9 for Natives and 1·5 for Asiatics.

The European infant mortality rate (corrected for outward and inward transfers) was 8·5 per cent. greater than that of the previous year and 10·4 per cent. less than that of the previous quinquennium. The non-European rate was 11·6 per cent. less than that of the previous year and 10·3 per cent. less than that of the previous quinquennium. Except for 1936-37 the rate for all races was the lowest on record for the City. In Table G, on page 105, the annual infant mortality rate for 32 years is set out in years and quinquennia.

The death rate for 1944-45 of children between one and two years old, per 1,000 survivors of those born in the previous year, was 6·2 for Europeans and for non-Europeans 56·9 or 9·2 times as great.

The causes of infant mortality, both for children under one year old and children between one and two years old, are set out in Table H, on page 106, which shows the improvement that has taken place over a series of years. The chief causes of mortality are respiratory and diarrhoeal diseases, together with developmental diseases in children under one year old and infectious diseases in children between one and two years old.

Amongst European infants in the year under report 51·7 per cent. of the deaths under one year old occurred in the first week of life, and 60·8 per cent. in the first month (four weeks). Amongst non-European infants the percentages were 22·6 in the first week and 31·7 in the first month. In Table I, on page 107, the deaths of infants under one year old are classified by race according to age at death and cause of death.

The variation in the annual mortality rate of infants under four weeks old is shown in the following table for six quinquennial periods :—

		European.	Non-European.
Five years ended 30th June 1918	.. . . .	39·0	65·9
" " " 1923	.. . . .	29·9	54·2
" " " 1928	.. . . .	24·0	48·9
" " " 1933	.. . . .	24·8	48·4
" " " 1938	.. . . .	23·2	34·7
" " " 1943	.. . . .	21·7	37·3
Year ended 30th June 1941	.. . . .	19·4	37·2
" " " 1942	.. . . .	23·1	39·9
" " " 1943	.. . . .	21·4	36·0
" " " 1944	.. . . .	17·0	38·0
" " " 1945	.. . . .	20·6	37·8

The next table shows for the year under report the difference in infant mortality as between legitimate and illegitimate infants (corrected for outward transfers) :—

	European.	Non-European.	All Races.
Number of legitimate births	3,404	5,909	9,313
Number of legitimate deaths under one year of age ..	105	610	715
Infant mortality (legitimate) per 1,000 births ..	30·9	103·2	76·8
Number of illegitimate births	142	1,846	1,998*
Number of illegitimate deaths under one year of age ..	15	313	338*
Infant mortality (illegitimate) per 1,000 births ..	105·6	169·6	169·2

* Including 10 of unknown race.

In Table J, on page 108, the infant mortality by race will be found classified according to place of residence (wards).

Infant deaths in the Langa Native Township and the district of Windermere are not included in the foregoing figures. Particulars regarding these will be found in Tables A4 and A5, on pages 96 and 98, and in Tables R and S, on pages 116 and 117.

MATERNAL MORTALITY.

The following table shows the number of deaths of women which occurred in the year under report from causes associated with pregnancy and the puerperium, classified for causes and race, and the corresponding mortality rates per 1,000 live births (corrected for outward transfers) :—

	Deaths.			Maternal mortality rates per 1,000 live births.		
	Eur.	Non-E.	All Races.	Eur.	Non-E.	All Races.
Puerperal septicaemia (including post-abortive infection) ..	—	4	4	—	0·52	0·35
Abortion, ectopic gestation, and haemorrhages of pregnancy ..	1	2	3	0·28	0·26	0·27
Toxaemias and other diseases and accidents of pregnancy ..	—	2	2	—	0·26	0·17
Puerperal haemorrhage ..	1	2	3	0·28	0·26	0·26
Other puerperal accidents and diseases	—	12	12	—	1·54	1·06
All causes, other than puerperal septicaemia (including post-abortive infection)	2	18	20	0·56	2·32	1·77
Total	2	22	24	0·56	2·84	2·12

In the next table the annual maternal mortality rates (per 1,000 live births) for the Municipality are shown for a series of years (corrected for outward transfers) :—

	Puerperal Septicaemia.			Other Causes.			All Causes.		
	Eur.	Non-E.	All Races.	Eur.	Non-E.	All Races.	Eur.	Non-E.	All Races.
1914-15 to 1918-19	0·59	1·30	1·02	2·13	3·55	2·98	2·72	4·85	4·00
1919-20 to 1923-24	1·76	1·20	1·40	2·84	2·16	2·41	4·60	3·36	3·81
1924-25 to 1928-29	1·03	1·71	1·48	1·74	3·73	3·07	2·77	5·43	4·56
1929-30 to 1933-34	0·94	1·27	1·17	3·04	3·12	3·10	3·98	4·40	4·27
1934-35 to 1938-39	0·96	1·39	1·26	2·43	3·30	3·05	3·38	4·49	4·32
1939-40 to 1943-44	0·85	1·72	1·44	1·09	2·58	2·11	1·93	4·31	3·56
1940-41	1·00	1·80	1·57	1·00	1·94	1·67	2·00	3·74	3·24
1941-42	1·23	1·43	1·37	1·55	2·58	2·24	2·78	4·01	3·61
1942-43	0·29	1·58	1·15	0·58	3·72	2·68	0·87	5·30	3·83
1943-44	1·05	2·22	1·83	1·31	2·61	2·18	2·35	4·83	4·00
1944-45	0·00	0·52	0·35	0·56	2·32	1·77	0·56	2·84	2·12

MATERNAL AND CHILD WELFARE.

B.—ADMINISTRATIVE.

Unsettled conditions due to the war have continued to present special problems and to render more complex the work of the maternity and child welfare branch.

The dependence of health on social conditions has always been apparent; gross overcrowding in many homes diminishes the value of constructive health education, however co-operative parents may be. Low earnings of the father, and the resulting absence of the mother from home when she is employed in factory or domestic service, is often the cause in neglect of the young children in the home.

The child welfare branch of the Health Department has throughout its existence aimed at carrying out through its welfare centres the kind of constructive health work now being visualized for the health centres. It was early realised by persons interested in the maintenance of child health that, in order to improve the standard of health among the children of the lower income group, social problems in the home must be understood and assistance given in their solution.

During the war years many problems connected with the absence of father or mother on war service or for other reasons, have been encountered by medical officers, health visitors and social workers of the branch, and attempts made to solve them. A dearth of many of the social welfare amenities outside the Department, however, has rendered the work less effective than it should be.

One of the most urgent problems at the present time is the shortage of day nurseries and foster-homes where children would be safeguarded during the absence of parents at work.

In the City Council's sub-economic housing schemes, the necessity for the provision of day nurseries has been visualised and it is proposed to continue to meet this need as the housing schemes are extended.

For several years, an infant consultation has been held in the Church School Hall at Kalk Bay. Though this session was originally intended for non-European mothers and babies, the Europeans had made use of it to a great extent, and often there were more European than non-European babies attending at a session.

In February, 1945, the new welfare centre in the Council's non-European housing scheme at Kalk Bay was opened, which made it unnecessary to continue using the Church School Hall, and a fortnightly session was instituted for non-European infants and for expectant mothers.

At the same time it was arranged to hold a fortnightly session at the Municipal Offices at Muizenberg to meet the needs of the European section, and here many European mothers and babies attend regularly.

NOTIFICATION OF BIRTHS.

The Regulations *re* Early Notification of Births (made by the Minister of Public Health in 1920) require the notification of births in the Municipality within twenty-four hours.

During the year 1944-45 the number of births (and still-births) notified was 14,192, as follows :—

Notified by midwives and nurses (other than extern or intern institutional cases)	7,192
Notified by doctors	9
Notified by institutions (extern or intern)	6,519
Notified by parents and others	278
Notified by health visitors	194

There were 208 births notified in Langa Native Township.

In Table L, on page 110, the births (and still-births) notified as having taken place in the Municipality during the year are classified by ward according to the manner in which the mothers were attended.

The following is a summary of the table :—

Attended.	Births.	Percentage.
In private houses :		
By private doctors	853	6·5
By private midwives :		
Certificated	4,260	32·4
Uncertificated	2,036	15·4
By public midwives or midwife students	1,260	9·6
No doctor or midwife	230	1·7
No information	90	0·7
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	8,729	66·3
In institutions :		
Public institutions	3,123	23·7
Private nursing homes	1,316	10·0
	<hr/>	<hr/>
	4,439	33·7

The extern births attended by certificated private midwives continue to increase in proportion to those attended by uncertificated women. Fifteen years ago (1930-31) 80 per cent. of midwife births (extern) were attended by uncertificated midwives. In the present year the percentage was 32 per cent.

The public institutions in which most confinements have taken place are the Peninsula Maternity Hospital, the Booth Memorial Hospital and Vrede Oord, and St. Monica's Home. Public extern midwifery is done from the Peninsula Maternity Hospital, Vrede Oord and St. Monica's Home.

NURSING AND MATERNITY HOMES.

Private nursing and maternity homes may be carried on only if registered by the Secretary for Public Health, and are to be conducted in accordance with the regulations made by the Minister under the Public Health Act. The inspection of such premises are made by the City Health Department on behalf of the Secretary for Public Health, to whom reports of the inspections are sent. This work is undertaken by the Deputy Medical Officer of Health through the maternal and child welfare branch of the Department. One of the health visitors is appointed as assistant inspector of nursing homes in addition to her other duties.

On June 30th, 1945, there were 26 registered nursing or maternity homes in the municipal area, as follows :—

	Premises.	Beds.
General	15	431
Maternity	10	196
Combined	1	—
General	—	7
Maternity	—	22
	<hr/>	<hr/>
	26	656

During the year ended 30th June, 1945, 2 general registered premises were closed (28 beds). No new premises were registered.

The health visitor who deals with this branch of the work made the following visits of inspection :

Annual inspection of premises	25
Visits <i>re</i> registration of premises	45
Subsequent visits to registered premises	48
	<hr/>
	118

Full reports were sent to the Secretary for Public Health in respect of 31 premises reported on by the assistant inspector, as follows :

	Re new Applications.	Registered Premises.
General	5	14
Maternity	1	10
Combined	—	1
	<hr/>	<hr/>
	6	25

THE WORK OF THE HEALTH VISITORS.

There are in this branch of the Health Department 35 health visitors, whose time is devoted to maternity and child welfare, besides the Chief Health Visitor, the supervisor of midwives, two social welfare investigators, and one health visitor in charge of the school clinics, two of work in connection with diphtheria prophylaxis, and one in charge of the nursery school. There are also two non-European nurse-assistants, and at the Langa Native Township one native assistant health visitor.

The health visitors' duties usually have as their starting point the visiting of mothers with newborn infants. Where the mother was attended at confinement by a trained midwife the visit is postponed until after the tenth day, but mothers attended by uncertificated persons are visited as soon as possible after the infant's birth in order to see that all is well with mother and babe. The health visitor gives advice as to the care and feeding of the baby and invites the mother to attend the centre as soon as she is able to do so. As far as possible the health visitor keeps in touch with mother and child during the whole period until the child goes to school. Expectant mothers known to the Department are also visited and advised to attend the pre-natal clinic unless they are under the regular care of their own doctor. Expectant mothers applying for grants under Section 18 of the Factories Act, 1918, are referred to this Department by the Factory Inspectors, and are reported on and advised.

Visits are also made to cases of puerperal fever, ophthalmia, pneumonia, measles and whooping cough, and advice is given as to nursing and other precautions to be taken.

Each health visitor assists at sessions at the welfare centre in her own district.

The following table shows the number of visits made during 1944-45 and previous years by the health visitors and the social welfare investigator (including the visits made by the tuberculosis health visitors and the V.D. nurse visitors) :—

Classification of Visits.	Number of Visits.									
	1944-45	1943-44	1942-43	1941-42	1940-41	1939-40	1938-39	1937-38	1936-37	1935-36
Visits to houses where births have occurred ..	13,168	13,273	11,495	10,841	10,582	10,731	10,516	9,580	10,272	10,416
Subsequent visits to houses where births have occurred ..	45,732	45,517	38,391	41,136	39,469	38,914	34,792	34,862	35,642	32,774
Visits to houses where deaths under 5 years of age have occurred ..	1,754	2,069	1,496	1,740	1,483	1,326	1,315	1,213	815	859
Visits to expectant mothers ..	2,773	3,526	3,219	3,570	3,439	3,190	2,966	2,547	2,862	2,595
Visits re protected infants ..	3,434	3,686	3,451	3,719	4,131	3,593	3,516	3,252	2,899	3,097
Special follow-up visits	6,559	5,439	4,573	4,313	4,847	3,861	3,639	3,833	4,434	4,207
Visits to cases of tuberculosis ..	17,115	14,621	12,188	13,102	12,231	11,482	9,900	8,683	8,989	8,142
Visits re cases of puerperal fever ..	64	109	76	92	105	97	85	70	75	107
Visits re measles ..	29	90	241	33	180	2	42	227	8	16
Visits re whooping cough	127	69	16	69	133	55	41	26	39	250
Visits re diarrhoea ..	115	42	121	131	132	42	27	14	20	21
Visits re chicken-pox ..	8	23	9	12	25	22	19	3	16	18
Visits re ophthalmia neonatorum ..	775	492	457	700	510	700	579	726	698	650
Visits re pneumonia ..	299	370	368	370	489	454	481	526	495	670
Visits re trachoma ..	5	1	2	4	3	13	5	19	6	8
Visits re influenza ..	2	4	5	15	21	9	3	47	2	22
Visits re other diseases ..	79	127	106	182	92	104	188	29	27	6
Visits re diphtheria immunization ..	3,882	3,532	2,987	3,168	3,166	2,221	2,337	2,272	1,823	1,240
Visits re diphtheria ..	241	359	82	109	141					
Visits re midwives ..	1,247	1,010	856	1,057	1,165	1,123	1,254	1,270	1,185	1,754
Visits re schools ..	687	547	591	527	803	424	479	403	330	284
Visits to school children	449	694	910	1,213	835	811	851	1,048	791	1,273
Visits to shops and factories ..	523	129	212	107	205	325	135	142	180	75
Visits to nursing homes	123	137	105	133	105	115	85	41	41	33
Visits re verminous persons ..	43	151	61	50	56	39	25	1	2	11
Visits re dental treatment ..	181	183	277	316	394	361	268	110	153	165
House-to-house visitations ..	6,465	6,730	4,207	4,873	4,770	5,308	4,446	2,637	1,831	970
Visits re venereal disease	7,195	6,291	5,896	5,718	5,206	5,364	4,597	3,996	312	
Visits re prospective foster mothers ..	42	64	84	48	12					
Visits to prospective foster homes re evacuees ..	42	64	84	48	12					
Visits re evacuees ..	15	27	35	47	48	283				
Visits to orthopaedic cases ..	2,241	681								
Other visits ..	1,629	2,416	2,226	1,904	1,694	1,329	1,118	644	954	514
Visits by Social Welfare Investigator ..	1,968	1,860	1,754	1,535	2,454	2,668	2,890	3,528	3,075	3,581
Total visits ..	118,969	114,269	96,497	100,834	99,209	94,683	86,699	81,749	77,976	73,758
Complaints referred to Chief Health Inspector	80	55	41	48	31	52	38	30	22	27

SUPERVISION OF MIDWIFERY.

Pursuant to the Government regulations made under the Public Health Acts a list of midwives practising in the municipal area is kept by the City Council. No person may practise midwifery whose name is not on the list. The Council is empowered, subject to confirmation, to refuse to place on the list or to remove from the list the name of any person whose practising it considers to be prejudicial to the public health.

The transactions on the list of midwives during the year are shown in the following table :—

Midwives.	Certificated.		Uncertificated.		Total.
	Eur.	Non-E.	Eur.	Non-E.	
On the list 30th June, 1944	151	67	6	29	253
Added to list during 1944-45	22	8	—	2	32
Removed from list during 1944-45 by resolution of Council	—	—	—	1	1
Removed from list during 1944-45, having ceased to practise in the Municipality ..	13	4	—	3	20
On list 30th June, 1945	160	71	6	27	264

Applications to be added to the list refused by resolution—*one*

One of the health visitors holds the position of supervisor of midwives. The extent of her work is indicated by the following figures :—

Visits to midwives in their own homes .. .. .. ..	..	..	..	..	1,091
Total visits by supervisor .. .. .. ..	..	..	..	..	2,045
Meetings of midwives for inspection .. .. .. ..	..	..	..	..	16
Attendances of midwives at meetings .. .. .. ..	..	..	..	..	193
Midwives specially interviewed by medical officer .. .. .. ..	..	..	..	..	47
Midwives reprimanded by letter .. .. .. ..	..	..	..	..	44

The following persons were dealt with under Section 18 (b) of the Public Health (Amendment) Act, No. 15 of 1928 :—

L.S., non-European, was prosecuted and fined £5 or two months' imprisonment for practising when her name was not on the City Council's list of midwives. The sentence was suspended for three years.

The application of a non-European woman to have her name placed on the list of midwives was refused by resolution of the City Council. The action was confirmed by the Minister of Health.

ASSISTED MIDWIFERY.

During the year the City Council paid the fees of private midwives attending indigent persons in 46 cases, the total disbursement amounting to £88 9s. 0d.

Fees to medical practitioners called in by midwives to indigent confinement cases in emergency were paid in 48 cases, the total disbursement amounting to £63 16s. 6d.

523 pregnant women who had applied for the Factory Benefit were visited and advised regarding confinement.

After notification of a case of puerperal pyrexia the bag and appliances of the midwife attending the case are removed for sterilisation. Should a midwife have more than one case of puerperal sepsis in her practice within a short period, arrangements are made for the examination of throat swabs.

During the year midwifery inspections were attended by doctors taking the course for the Diploma of Public Health and by nurses taking the Health Visitor's and School Nurse's Course.

In November, 1944, the Police authorities were given a list of midwives willing to be called in emergency for confinement cases in which no arrangements have been made for the services of a midwife. The City Council guarantees payment of the midwife in such cases.

PUERPERAL FEVER.

Reported cases of this notifiable disease are investigated by the maternal and child welfare branch. Cases are admitted to the City Hospital.

The cases of puerperal fever reported in the year 1944-45, corrected for imported cases and misdiagnosis, numbered 66 (14 European and 52 non-European).

The number of deaths amongst the 66 Cape Town cases was 5 (non-Europeans). The number of Cape Town deaths from the disease registered during the year was 4.

The mortality from this cause for a series of years, expressed as a rate per 1,000 live births, is shown on page 13.

Attendance at Confinement.—Fifty-one of the cases were confined at home and 15 in hospitals. Of the 51 at home 14 were attended in labour by midwives only, 9 by doctors only, and 10 by doctors and midwives; 16 were unattended (8 being abortions); in 2 cases no information.

Condition of Child.—Thirty-two of the cases supervened upon the birth of a living child and 32 of a dead foetus (in 2 cases no information). Of the 32 cases following delivery of a dead foetus, 8 were of a dead viable foetus and 24 of a non-viable foetus.

Primiparae.—Thirteen of the cases were reported as primiparae (i.e., women in the first confinement) and 51 multiparae (in 2 cases no information).

Treatment.—Forty-one of the cases (corrected for misdiagnosis and imported cases) were treated in the City Hospital, 2 in the Peninsula Maternity Hospital, 3 in the Somerset Hospital, and 2 in the Booth Memorial Hospital; the remaining 18 were treated at home.

There were 4 cases at the Langa Native Township (one fatal).

PROTECTED INFANTS.

Any child under 10 years who is placed in the care of a foster-mother must by law be registered as a protected infant at the office of the Commissioner of Child Welfare. In Cape Town visits are made by the health visitors, and reports submitted every three months by the Medical Officer of Health to the Commissioner of Child Welfare.

The supervision of these infants brings to light many problems and constitutes a difficult part of the health visitors' duties. Many foster-homes are very poor and overcrowded; occasionally protected infants are neglected. Payment to the foster-mother is usually very small and parents may default altogether.

Friends of the Department have formed a Committee to administer a voluntary fund, and during the year donations have been received and administered by the Committee.

There were 327 registrations of new protected infants, and 3,434 visits were made by the health visitors during the year.

SOCIAL WELFARE INVESTIGATOR.

In the maternity and child welfare branch there are two social welfare workers, who are available for assisting the medical officers and health visitors in cases requiring social guidance. Many of the cases are of unmarried mothers who require special help in connection with their confinements and in obtaining support and assistance after the birth of their infants.

The social workers link up the work of the branch with that of other social agencies, and are of great assistance in dealing with the complex medical and social problems which frequently present themselves. The work calls for a high degree of experience and tact. One of these officials is a trained nurse with specialised training and experience; the other holds a degree in social science.

A record of work done during the year 1944-45 by the social welfare investigator is given below:—

New cases investigated	566
Visits to institutions	318
Visits to cases	1,377
Visits to Government offices	128
Other visits	145
 Total visits	1,968
Office consultations	662

CARE OF CHILDREN SUFFERING FROM ORTHOPAEDIC DEFECTS.

In August, 1944, the present orthopaedic nurse was appointed. She had the advantage of a much wider background of knowledge and experience, overseas as well as in South Africa, in general nursing, the handling of patients, and in addition two years specialised experience in the Wingfield-Morris Orthopaedic Hospital at Oxford. This experience and the enthusiasm she brought to her new post created in a very short space of time the place in the Department that had been visualised for this work. The scope of the work was later extended to include all children up to 16, since the majority of older children were suffering from bone tuberculosis.

In October, 1944, monthly clinics were opened at all the centres, where the orthopaedic nurse supervises children requiring orthopaedic treatment and remedial exercises. These cases comprise those which have been recommended to her by doctors from the municipal welfare centres, after-care cases discharged from orthopaedic hospitals, and those many children who are on the waiting list for admission to hospital.

At these sessions the children are weighed and given vitamin oil, plaster splints are made or repaired, other splints and appliances are supervised, special boots and their repair arranged for, the manipulation and correction of congenital club foot undertaken, and remedial exercises for flat feet and knock knees demonstrated.

In addition to this her main work lies in home visiting, where contact and supervision is maintained with the 500 crippled children on her books. These visits are especially valuable for the encouragement they give to both parents and child to continue with what is only too frequently a prolonged and tedious treatment.

She has established a small lending library and gives help and advice in occupational therapy.

A record of work done during the year 1944-45 by the orthopaedic health visitor is given below:—

Total attendances of children at sessions	711
Children visited (European 75, non-European 457)	542
Total visits made	2,242

Forty-seven of the cases visited have been admitted to hospital; 30 children have been discharged from hospital after treatment.

MATERNAL AND CHILD WELFARE CENTRES.

Eighteen maternal and child welfare centres are maintained, at which 64 medical sessions are held each week. A medical officer attends at each of these sessions except that at some of the smaller sessions the medical officer attends only twice a month.

Of the 64 weekly sessions 34 were ordinarily conducted by full-time medical officers and the remainder by part-time medical officers. When full-time medical officers were engaged on other work (particularly diphtheria immunization sessions) or were on leave, their place was taken by part-time medical officers.

The next table shows the attendances (classified for race) made at the infant consultations (including pre-school children), pre-natal clinics, school clinics and dinners held at the centres during the year 1944-45.

Centre.	Race.	Infant consultations.		Pre-natal clinics.		School clinics.		Dinners for children under school age and nursing and expectant mothers.		
		First attendances.		Total attendances.	Attendances.		Attendances.		Attendances.	
		Under 1 year.	Over 1 year.		First.	Total.	First.	Total.	Adults.	Children.
93, Keerom St., Cape Town.	Eur. . .	277	84	3,957	15	59			—	—
	Non-Eur. . .	568	104	7,948	228	1,153			1,535	2,563
	Total . . .	845	188	11,905	243	1,212			1,535	2,563
Aspelng St., Cape Town	Eur. . .	5	7	345	4	24	—	—	23	69
	Non-Eur. . .	1,013	187	19,279	995	4,097	528	998	3,384	16,354
	Total . . .	1,018	194	19,624	999	4,121	528	998	3,407	16,423
Bioemhof, Cape Town	Eur. . .	—	—	—						
	Non-Eur. . .	178	70	4,493						
	Total . . .	178	70	4,493						
Woodstock . . .	Eur. . .	321	87	4,624	152	688	291	841	144	401
	Non-Eur. . .	441	126	9,596	416	1,925	614	1,298	3,346	8,074
	Total . . .	762	213	14,220	569	2,613	905	2,139	3,491	8,475
Maitland . . .	Eur. . .	110	27	1,720	41	220	115	235	64	144
	Non-Eur. . .	435	113	6,463	409	1,695	500	1,212	1,786	4,206
	Total . . .	545	140	8,183	450	1,915	615	1,447	1,850	4,350
Brooklyn . . .	Eur. . .	107	45	1,701	42	167				
	Non-Eur. . .	—	—	—	—	—				
	Total . . .	107	45	1,701	42	167				
Windermero . . .	Eur. . .	—	—	—	—	—				
	Non-Eur. . .	725	353	12,564	534	2,054				
	Total . . .	725	353	12,564	534	2,054				
Langa . . .	Eur. . .	—	—	—	—	—				
	Non-Eur. . .	278	31	4,092	326	1,787				
	Total . . .	278	31	4,092	326	1,787				
Athlone . . .	Eur. . .	16	4	371	1	12	—	—	2	5
	Non-Eur. . .	824	296	18,039	667	3,053	217	545	2,392	15,050
	Total . . .	840	300	18,410	668	3,065	217	545	2,394	15,055
Bokmakierie . . .	Eur. . .	—	—	—	—	—			—	—
	Non-Eur. . .	124	59	3,959	90	476			10	79
	Total . . .	124	59	3,959	90	476			10	79
Station Rd., Claremont	Eur. . .	109	39	2,319	56	269	40	97	19	36
	Non-Eur. . .	187	74	3,158	309	1,292	196	546	1,527	2,431
	Total . . .	296	113	5,477	365	1,561	236	643	1,546	2,467
Wesley St., Claremont	Eur. . .	—	—	—					—	—
	Non-Eur. . .	216	56	4,874					2,010	10,861
	Total . . .	216	56	4,874					2,010	10,861
Lansdowne . . .	Eur. . .	104	35	1,393	35	187			52	184
	Non-Eur. . .	278	94	3,713	268	1,025			890	2,638
	Total . . .	382	129	5,106	303	1,212			942	2,822
Wynberg . . .	Eur. . .	148	23	2,168	61	325	118	217	125	438
	Non-Eur. . .	353	91	5,612	442	1,688	131	318	1,737	1,659
	Total . . .	501	114	7,780	503	2,013	249	535	1,862	2,097
Parkwood and Southfield	Eur. . .	16	7	416	4	16				
	Non-Eur. . .	64	27	1,491	—	—				
	Total . . .	80	34	1,907	4	16				
Retreat . . .	Eur. . .	37	11	850	18	82			—	—
	Non-Eur. . .	575	134	6,410	611	2,788			1,914	3,981
	Total . . .	612	145	7,260	629	2,870			1,914	3,981
Muizenberg . . .	Eur. . .	18	7	203						
	Non-Eur. . .	—	—	—						
	Total . . .	18	7	203						
Kalk Bay . . .	Eur. . .	30	3	338	—	—				
	Non-Eur. . .	30	8	658	7	31				
	Total . . .	60	11	996	7	31				
Total . . .	Eur. . .	1,298	379	20,405	429	2,049	564	1,390	430	1,277
	Non-Eur. . .	6,289	1,823	112,349	5,302	23,064	2,186	4,917	20,531	67,896
	Total . . .	7,587	2,202	132,754	5,731	25,113	2,750	6,307	20,961	69,173

Figures for dental clinics, whether for school children or for mothers and pre-school children, are not included in the above table.

INFANT CONSULTATIONS.

In visiting the health visitors invite the mothers to bring their infants to the welfare centres for advice as to feeding and care and for medical supervision, and periodical attendance is encouraged for children up to school age.

The infant consultations are primarily for preventive and educational purposes. They are not intended for the treatment of disease, but minor ailments are dealt with and cases of illness are referred either to the family doctor or, in cases of poverty, to the hospitals and dispensaries.

A medical officer is in attendance and certain of the health visitors of the district are present.

As in previous years valuable assistance has been given by voluntary workers at the welfare centres, who attend regularly at one or more sessions a week and assist with the clerical work at the centres.

Students from the social science department of the Cape Town University act as clerical assistants at the centres, as part of the practical work of a course. Nurses taking the health visitors course at the Technical College, and the mothercraft course at the Buxton Home, also carry out practical work at the centres during their training. In addition, doctors taking the course for the Diploma of Public Health, have attended for observation at the centres.

At the end of the year under review, 40 infant consultations were being held weekly. During the year 9,789 children were registered as new cases, and the total attendances of children at the infant consultations numbered 132,754. Details are shown in the table on page 18.

Of the 9,789 children registered as new cases 7,587 (1,298 European and 6,289 non-European) were under one year of age at the time of their first attendance, and 2,202 (379 European and 1,823 non-European) were over one year of age at that time.

Of the new cases registered, 90 were of children resident outside the municipal area, viz., under one year of age, Europeans 17, non-Europeans 48; over one year of age, Europeans 4, non-Europeans 21. The new cases registered within the City (excluding attendance at the Langa centre) were as follows:

		European.	Non-European.
Under one year of age	.. .. ..	1,281	5,963
Over one year of age	.. .. ..	375	1,771

These first attendances under one year of age amounted to 64 per cent. of the registered births (36 per cent. in the case of Europeans and 77 per cent. in the case of non-Europeans).

These figures do not include infants who attended the consultations of the South African Mothercraft Training Centre which, if included, would increase the percentage of European babies taken to the infant consultations. The work done at these consultations during the year ended 30th June, 1945, is shown in the following table kindly supplied by the Matron:—

Voluntary Centre.	No. of sessions in the year.	No. of new cases (infants).	Total attendances (infants).	Total attendances (toddlers).
Bowwood Rd., Claremont ..	151	605	3,329	770
Sea Point	50	194	2,272	294
Camps Bay	22	40	420	91
Mowbray	12	36	319	47

Toddlers' Sessions.—These sessions are for European children between 2 and 5 years. Attendances are by appointment, and the doctor and nurse are able to give constructive advice more adequately than at the ordinary welfare sessions, at which it is impossible to regulate the number of cases attending. A session is held weekly at the Salt River centre. The first attendances during the year numbered 38, and the total attendances 944.

Instructional Test Feeds.—Medical officers frequently recommend nursing mothers to attend for special instruction in feeding their infants, and for this purpose a special hour is set aside weekly at each centre, apart from the ordinary medical session, so that there are no distractions for mother or nurse. During the year 3,175 mothers attended with their infants for instructional test feeding (980 European and 2,195 non-European). These were made up from the different centres as follows:—

	European.	Non-European
Keerom Street	177	234
Aspelinc Street	10	412
Bloemhof	—	70
Woodstock	275	307
Maitland	81	83
Brooklyn	48	2
Windermere	—	184
Langa	—	83
Athlone	12	256
Bokmakierie	2	42
Claremont (Station Rd.)	94	71
Claremont (Wesley St.)	—	109
Lansdowne	77	95
Wynberg	114	93
Parkwood and Soutlifield	14	26
Retreat	28	114
Muizenberg	16	2
Kalk Bay	32	12
Totals	980	2,195

Infant consultations are also held by the hospital authorities at the Peninsula Maternity Hospital and St. Monica's Home for the babies born in the maternity practice of these institutions.

REPORT OF THE MEDICAL OFFICER OF HEALTH.

The attendances at the infant consultations in the welfare centres are shown in the following table over a period of years:—

Centre.	1944-45	1943-44	1942-43	1941-42	1940-41
Keerom Street	11,905	13,764	12,161	12,158	12,876
Aspeling Street	19,624	20,813	18,983	22,667	22,342
Bloemhof	4,493	3,610	2,347		
Woodstock	14,220	15,024	13,773	13,477	18,168
Maitland..	8,183	7,681	7,843	8,864	9,595
Brooklyn..	1,701	2,191	2,511	2,372	2,131
Windermere	12,564	6,653			
Langa	4,092	3,677	3,620	2,994	2,400
Athlone	18,410	19,025	13,959	11,497	10,827
Bokmakierie	3,959				
Claremont (Station Road)	5,477	4,176	3,667	4,115	5,704
Claremont (Wesley Street)	4,874	4,718	4,684	4,807	5,279
Lansdowne	5,106	5,104	4,817	5,163	5,525
Wynberg..	7,780	7,507	7,636	8,134	9,088
Parkwood and Southfield	1,907	1,565	992		
Retreat	7,260	7,252	6,456	7,442	7,755
Muizenberg	203				
Kalk Bay	996	1,315	959	1,433	1,652
Totals	132,754	124,075	104,408	105,123	113,342

Dried milk for children who cannot be fed by their mothers is supplied at the centres under the direction of the medical officers and cost prices are charged, but in cases of poverty it is supplied at part-cost or free. Such medicines as may be ordered are supplied on similar terms.

In the year ended 30th June, 1945, 1,634 new cases were supplied with dried milk and 54,762 lbs. were issued. The cost of the dried milk was £4,346 12s. 7d. The amount paid by mothers in respect of dried milk and medicines was £2,002 6s. 3d..

At page 21 reference is made to the provision of meals and of free milk for children under school age.

PRE-NATAL CLINICS.

Attendances at the pre-natal clinics have continued to increase rapidly, and it has not been possible to keep pace in the provision of extra sessions. The size of these clinics has often been unduly large, and the medical and nursing staff have maintained a high standard of efficiency, frequently under very trying conditions.

Treatment is also given with a view to the prevention of congenital syphilis (see page 49).

The provision of meals for nursing and expectant mothers and pre-school children at most of the centres has continued as a valuable means of combating malnutrition. There has, however, been a disappointing falling off in attendances. This is partly due to the increased number of mothers who go out to work daily and are therefore unable to bring their children to the centres.

Where in-patient treatment is required for diseases associated with pregnancy medical officers may recommend women for admission to the Peninsula Maternity Hospital or, in the case of non-European mothers, to St. Monica's Home, where the Corporation pays an annual subsidy for the service. Close co-operation exists between this branch of the Health Department and these maternity hospitals, and thanks are due to the matrons and staff in this respect.

During the year 5,731 expectant mothers were registered as new cases at the pre-natal clinics, and the total attendances numbered 25,113. Details are shown in the table on page 18.

Of the new cases registered, 49 were of expectant mothers resident outside the Cape Town municipal area (5 European and 44 non-European). The new cases resident within the City, exclusive of the clinic at Langa, numbered 5,356 (European 424, non-European 4,932). That is to say, the number of new cases attending the municipal pre-natal clinics amounted to 47 per cent. of the number of registered live births (12 per cent. for European and 64 per cent. for non-European). It is to be noted that pre-natal clinics are also held by the Peninsula Maternity Hospital and St. Monica's Home for their maternity cases.

The majority of midwives working within the municipal area are co-operating to an increasing extent with the pre-natal clinics.

The attendances at the pre-natal clinics in the welfare centres are shown in the following table over a period of years:—

Centre.	1944-45	1943-44	1942-43	1941-42	1940-41
Keerom Street	1,212	711	252		
Aspeling Street	4,121	3,968	4,057	3,519	3,992
Bloemhof			14		
Woodstock	2,613	2,275	1,911	1,874	2,231
Maitland..	1,915	1,622	1,433	1,385	1,528
Brooklyn	167	231	262	223	113
Windrmere	2,054	1,714			
Langa	1,787	1,283	1,234	1,042	558
Athlone	3,065	3,582	2,754	2,461	3,125
Bokmakierie	476				
Claromont (Station Road)	1,561	1,476	1,350	1,336	1,257
Lansdowne	1,212	1,135	1,091	832	135
Wynberg..	2,013	2,408	2,127	1,769	1,711
Parkwood and Southfield	16	7			
Rctreat	2,870	2,088	1,742	1,552	1,378
Kalk Bay	31				
Totals	25,113	22,500	18,227	15,993	16,028

SCHOOL CLINICS.

By arrangement with the Provincial Administration school clinics are held during school term at certain of the City Council's welfare centres. General school clinic sessions, with a medical officer in attendance, are held weekly at Woodstock and Maitland, fortnightly at Aspelng Street, Athlone, Claremont and Wynberg. Two weekly ophthalmic clinics are held at Woodstock. One health visitor is specially appointed to supervise the work of the school clinics. The dental clinics are referred to at page 24.

Spectacles are supplied by local firms of opticians at cheap prices to children for whom they have been ordered at the ophthalmic clinic. The charge is reduced or remitted in cases of indigency.

Children found to require other specialist attention are referred to the out-patient department of the hospitals.

Admission to convalescent homes has been obtained for many children suffering from under-nourishment and debility. A large number of children attending the clinics are found to be suffering from the effects of underfeeding.

The work done during the year ended 30th June, 1945, is shown in the table on page 18, and is further analysed in the following figures :—

	Ophthalmic school clinic.			General school clinic.		
	Eur.	Non-Eur.	Total.	Eur.	Non-Eur.	Total.
Number of new cases :						
Cape Town residents	90	327	417	458	1,822	2,280
Residents outside Cape Town	15	15	30	1	22	23
Total attendances	178	470	648	1,212	4,447	5,659
Number of sessions held			44			156
Children fitted with spectacles :						
Full-paying	75	75	150			
Part-paying	35	60	95			
Free	16	26	42			

PROVISION OF DINNERS AND MILK MEALS.

At 11 of the centres (see table on page 18) dinners for indigent expectant mothers and pre-school children are served daily except Saturdays and Sundays. The value of these dinners in combating malnutrition is shown by the improvement seen in the health of mothers and children receiving a course of these meals.

In the year under review the number of dinners given amounted to 90,134. Details are shown in the table on page 18.

In the calendar year 1945 the cost amounted to 7·1d. per dinner. This figure includes the cost of food, extra staff engaged on account of the dinners, and fuel at two centres where coal fires were used. It does not include current for the electric stoves at the other centres, nor the wages of the ordinary members of the staff who may assist in connection with the dinners. The services of the mothers themselves are utilized as much as possible.

In accordance with arrangements made with the School Board, who are responsible for the distribution of free milk to school children under the scheme of the Dairy Industry Control Board, free milk is distributed to poor children under school age at the infant welfare centres. The distribution is made every week-day, and the children consume the milk at the centres. During the year under review, the attendances of children for milk numbered 38,454 and the milk consumed amounted to 2,245 gallons (not including the municipal nursery school).

DAY NURSERIES.

The following crèches, or day nurseries, are maintained in Cape Town :—

- (1) By the Cape Town Board of Aid at corner of Roeland Street and Harrington Street, Cape Town. This day nursery is for European children 6 months to 6 years of age. Its capacity is 50.
- (2) By the Cape Town Board of Aid at Tafelberg House, Canterbury Street, Cape Town, in connection with its shelter for non-European families. This day nursery is for non-European children 6 months to 6 years of age. Its capacity is 100.
- (3) By the A.C.V.V. at the Social Centre and European Working Girls' Home, 41 Salt River Road, Salt River. This day nursery is for European children. Its capacity is about 40.
- (4) By the Janet Bourhill Institute, Claremont. This is an institute for the promotion of the health and social welfare of the poor non-European residents in the locality. The new building was completed and occupied in December, 1944, at corner of Third Avenue and Pessers Road, Claremont. There is a club for girls and also a day nursery. Provision is made at the day nursery for over 40 non-European children whose mothers go out to work. The average attendance does not exceed 36.
- (5) By the Vroue Sending Bond at the Training School for Coloured Christian Social Workers, 109 Harrington Street, Cape Town. This day nursery is for non-European children. Its capacity is 20. The nursery closed in December, 1944.

NURSERY SCHOOLS.

There is a pre-school training centre, with a demonstration and practice nursery school, at the Lady Buxton Home, Claremont (Society for the Protection of Child Life). The training centre, under the control of the Director, receives a limited number of full-time students, not accepting more than twelve each year. The nursery school is attended by 30 European children, who all pay full

fees, viz., four guineas a term (four terms a year). The staff of the nursery school consists of a qualified superintendent, assisted by students of the training centre. The other staff at the training centre is a secretary and a domestic science teacher. The staff and the parents of the children meet a few times a term as an association to discuss questions concerning the pre-school child. The Union Education Department pays a substantial annual grant to the institution. The premises were built by the Society with the assistance of the Department.

A nursery school for 40 non-European children is maintained by the Marion Institute, 124, Chapel Street, Cape Town. The children are provided with meals. A qualified kindergarten teacher attends voluntarily four days a week, two unqualified teachers (both non-Europeans) are employed and help is also given by other workers.

At the Liberman Institute, Muir Street, Cape Town, many improvements have been carried out. Seventy non-European children are on the roll and a weekly clinic is held, when a medical officer from the child welfare branch of the City Health Department carries out routine medical examinations of any children requiring medical attention.

Two qualified infant-school teachers were appointed in 1942 and the school is now open from 9 a.m. to 2 p.m. A midday meal and milk are provided.

A social worker visits the home of every case applying for admission, and preference is given to the poorest applicants and to children of working mothers.

It is hoped to open a parents' club in the near future.

MUNICIPAL NURSERY SCHOOLS.

Bokmakierie Nursery School.—This nursery school and crèche for the children of working mothers resident in the municipal housing schemes at Bokmakierie and Q-Town, was opened in February, 1945, adjacent to the welfare centre opened in January. Children, aged from 3 months to 5 years, attend daily, while their mothers are at work in factories or in domestic service.

The association of the nursery school and crèche with the welfare centre has proved to be most suitable as it facilitates medical and nursing supervision of the pre-school children and infants, all of whom come from homes where the mother is obliged to work in order to assist in providing for the needs of the children. Many of the families having migrated from slum areas the children are often in very poor condition and benefit greatly by their attendance at the nursery with its controlled activities and good feeding.

The nursery is under the supervision of a qualified European midwife, holding the health visitor's certificate, with the assistance of a coloured kindergarten teacher and a coloured nurse. Eight young non-European girls are employed in the nursery school and crèche, where they receive a year's training in child care, cooking and laundry work.

A qualified European nursery-school teacher directs the school activities in this nursery, and acts as adviser at the two other nursery schools for non-European children at Shelly Street and Bloemhof Flats social centre.

The training of young girls in child-care and housecraft has been carried out in all three nursery schools, and the year's practical instruction is of value to those adolescent girls who are accepted for training.

Q-Town Residential Nursery.—The child welfare branch has often to place young infants whose mothers are ill or have died. These infants are not suitable for ordinary foster-home care; they are often children of tuberculous mothers, and in many cases are premature and require very special care as well as "mothering."

The small resident nursery opened in two of the Q-Town flats in December, 1943, has continued to meet the needs of such infants. Except in a few cases where the infants have been very feeble on admission, the babies have done well in the nursery, where they remain until suitable arrangements can be made for their future.

A donation of £10 was received for Christmas Cheer from the St. John Ambulance Association.

Shelly Street Nursery School.—This nursery school was opened in November, 1939, for non-European children in the neighbourhood. A qualified European kindergarten teacher, Mrs. Slabber, has acted as supervisor owing to the shortage of nursery school teachers. Five young Non-European girls who have just left school receive training as nursery school assistants. Forty non-European children between 3 and 6 years attend daily between the hours of 9 a.m. and 3 p.m. In most cases these are children of working mothers.

In all the nursery schools a mid-day meal is provided, and two smaller meals when the children come to school and before they are taken home. A medical officer from the maternal and child welfare branch attends weekly and sees any children at the supervisor's request. Periodic routine medical examination of all the children attending the nursery schools and crèche is carried out by the medical officer and a record is kept of their progress.

On the children reaching school age the parents are advised about finding a place in school for each child, and the supervisor keeps in touch with the child's progress during the first year in the primary school.

Parents contribute towards the cost of their children in the nursery schools and crèche according to their means.

The attendances at the municipal nursery schools during the year ended 30th June, 1945, are shown in the following table:—

	Shelley Street.	Bloemhof.	Bokmakierie.
New entrants	24	26	78
Mean total on register	46	44	61
Daily sessions	227	227	98
Mean attendances per session	37	34	49
Total attendances	8,403	8,723	4,897

DIPHTHERIA IMMUNIZATION.

Sessions for immunization injections are held at, and in connection with, the child welfare centres. During the year ended 30th June, 1945, free diphtheria immunization, as in previous years, was carried out at child welfare centres, schools and institutions. Two health visitors devote the whole of their time to this work. Propaganda has been directed to encouraging parents to have their children immunized in infancy (about the age of 6 months), but in spite of this propaganda many parents do not avail themselves of this protective measure, and a large proportion of the children immunized have been of school age. At sessions held at schools the children immunized were selected as far as possible from those under 10 years of age. At institutions children of all ages were immunized owing to their close contact and the danger of spread of infection by carriers. It is desirable that children who have been immunized in infancy should be given a further injection (so-called "boosting" dose), before or soon after entering school. This has been the practice as far as possible in Cape Town.

Material used.—The material used has been mainly Alum-precipitated Toxoid, given by means of two injections, with an interval of four weeks between the doses. As hitherto, material for diphtheria immunization has been supplied to medical practitioners free of charge for their private cases.

The work done at the municipal sessions during the year ended 30th June, 1945, is shown by the following figures:—

Number of sessions:

At schools	80
At institutions	17½
At child welfare centres	69½
	167

First series protective inoculations:

First.	Second.	Third.	No. of persons.
10,982	10,087	79	10,982

Second series of protective inoculations and stimulating doses given:

First.	Second.	Third.
3	35	524

Persons immunized:

Age.	European.	Non-European.
0—1	221	667
1—2	254	650
2—3	149	528
3—4	113	493
4—5	98	436
5—6	185	414
6—7	537	963
7—8	346	1,268
8—9	228	1,177
9—10	179	966
10—11	133	736
11—12	35	130
12 and over	39	37
	2,517	8,465
At schools	6,740	
At institutions	422	
At child welfare centres	3,820	
	10,982	

Injections given:

Alum-precipitated toxoid (S.A.A.P.T.) .. .. .. ..	.. .. .. ..	21,668
Toxoid-antitoxin floccules .. .. .. ..	.. .. .. ..	39
		21,707

Persons Schick-tested:

Positive.	Negative.	Not read.	Total.
25	65	—	90

OPHTHALMIA NEONATORUM AND GONORRHOEAL OPHTHALMIA.

For the purpose of notification ophthalmia neonatorum is taken to mean a purulent inflammation of the eyes of an infant beginning within twenty-one days after birth, whether it is due to infection with gonococcus or not. Cases of inflammation of the eyes beginning after the twenty-first day of life are not regarded as ophthalmia neonatorum, but if due to gonocoecal infection are notifiable as gonorrhoeal ophthalmia.

The number of cases of these diseases reported in the year 1944-45, corrected for imported cases and misdiagnosis, was 264 (29 European and 235 non-European).

Of these 264, 14 were cases not in the newly-born (3 European and 11 non-European) being at the time of onset aged 22, 23, 25 days, 1, 1, 1, 1, 1, 1½, 1½, 2, 4 and 4 months respectively.

The number of Cape Town cases of true ophthalmia neonatorum notified during the year was therefore 250, comprising 26 European and 124 non-European. Of these 250 cases, 59 were born in institutions, 191 at home. Of the 191 home confinements 8 were recorded as having been attended by doctors and 173 by midwives only; 10 were unattended.

Every case has been kept under observation by the health visitors in order to secure efficient treatment. The use of the sulphonamide drugs has increased the efficiency of treatment, and except in cases under private medical practitioners these drugs are ordered by the health visitors under the authority of the medical officers of the maternal and child welfare centres, to which the patients are brought for consultation. Some of the cases have been treated by the district nurses of the Cape Hospital Board and at the out-patient departments of the Board. The number of cases requiring in-patient treatment has been greatly reduced by the use of sulphonamides.

It is to be recorded that the health visitors reported 107 of the cases as "slight," and 142 as "moderate" or "grave" (in one case no information).

In addition to the above figures there were at the Langa Native Township 9 native cases of ophthalmia (at the time of onset aged 1, 6, 11, 12, 12, 13, 13, 16 and 17 days respectively.).

Efforts were made to see all children after the completion of the treatment, and the results, including the Langa cases (all complete recoveries) were as follows:—

Eyes completely recovered	252
Cases of blindness	—
Sight damaged	2
Died before recovery	—
Lost trace of	5
	259

SECTION IV.—DENTAL BRANCH.

(DENTAL OFFICER : DR. S. WINER.)

Since the last annual report of this branch was published, progress has been made in the proposed establishment of the central dental clinic at Hope Street, Cape Town. The final plans for the building being now almost ready for approval. When this central clinic is established and staffed it will be possible to deal much more adequately with the demands from the public for dental treatment. On account of limitations imposed through having to share accommodation in several of the child welfare centres treatment has perforce been largely confined to the more urgent cases, with the result that the number of extractions is relatively much higher than would be the case if all applicants for dental treatment could receive treatment.

Another factor affecting this aspect of treatment is the reluctance of so many patients to avail themselves of conservative treatment. This is particularly marked amongst the non-Europeans, even to the extent of breaking appointments.

With the provision of increased facilities for treatment it is the Department's intention to carry out an intensive campaign to establish an appreciation of dental health. This will have special application to the pre-school and school groups of children, while at the same time there will be a more adequate service provided for adult requirements.

In addition to the establishment of the central dental clinic it is planned to equip dental clinics in connection with the proposed maternal and child welfare centre at Maitland, and the polyclinics at Windermere and Retreat.

The dental treatment of school children is subsidised by the Provincial Education Department, and that of tuberculosis patients by the Union Health Department. The dental treatment of natives at the Langa Native Township is financed from the Native Revenue Account. The provision of dentures to indigent persons is meeting an urgent need. This service is rapidly expanding. Dentures are supplied at a very low cost and in some cases free of charge.

The present full-time staff consists of the Dental Officer and two dental nurses, assisted by 4 part-time dental officers and 4 part-time nurses and nursing assistants. The resources of a private firm of dental mechanics are utilised in the provision of dentures.

The Dental Officer attends ten clinic sessions weekly, and visits cases in their homes when reports are received of haemorrhage or other sequelae of dental treatment.

The tables below indicate the services rendered in the period under report.

DENTAL CLINICS.

	Nursing and expectant mothers. E. O.	Pre-school children. E. O.	School children. E. O.	At tuberculosis clinic. E. O.	At City Hospital. E. O.	Tuberculosis wards Rentzkie's Farm. E. O.	At Langa Hos- pital. N.	Total.		
								E.	O.	All Races.
Sessions	346*		499	53	18	5	47			968
New cases	82 1,224	294 923	1,179 4,584	43 215	37 88	— 21	463	1,635	7,518	9,153
Total attendances	244 2,734	409 1,132	2,876 6,456	1,216 420	42 96	— 28	594	3,697	11,460	15,157
Extractions (atten- dances)	94 1,664	367 1,117	1,835 6,122	37 223	23 82	— 25	566	2,356	9,799	12,155
Fillings (atten- dances)	6 1	16 —	706 59	6 —	— —	— —	—	734	60	794
Other dental Treatment (at- tendances)	144 1,069	26 15	335 275	83 197	19 14	— 3	28	607	1,601	2,208
Dentures supplied (patients)	33 223	— —	5 —	17 47	— —	— —	—	55	270	325

* Including pre-school children.

ATTENDANCES.

		1944-45		
		European.	Non-Eur.	All Races.
Welfare Centres :				
Aspelng Street, Cape Town ..	.. .. ..	17	2,168	2,185
St. James Street, Woodstock ..	.. .. ..	2,035	2,837	4,872
Athlone .. .. ..	.. .. ..	49	2,218	2,267
Lansdowne .. .. ..	.. .. ..	651	568	1,219
Wynberg .. .. ..	.. .. ..	777	2,432	3,209
Tuberculosis Clinic, Cape Town ..	.. .. ..	126	420	546
City Hospital, Cape Town ..	.. .. ..	42	96	138
Tuberculosis Wards, Rentzkie's Farm ..	.. .. ..	—	28	28
Native Hospital, Langa .. .. ..	.. .. ..	—	594	594
*Maitland Cottage Homes, Maitland ..	.. .. ..	—	66	66
Total	3,697	11,427	15,124	

* A voluntary institution. The details are included in the table above "Pre-school children."

SECTION V.—INFECTIOUS AND OTHER DISEASES.

The cases of compulsorily notifiable disease reported in Cape Town during the year ended 30th June, 1945, are shown in Table M on page 111.

No cases were reported of the following notifiable diseases : Asiatic cholera, plague, glanders, rabies, trypanosomiasis, yellow fever and lead poisoning.

In the tables on pages 112 to 114, the notified cases (corrected) are classified by race and :—

- (Table N) in age and sex groups.
- (Table O) in months according to date of notification.
- (Table P) in wards.

The number of cases notified in a series of past years is set out in Table Q, on page 115, and similar information as to deaths from these and certain other infectious diseases will be found in Table C, on pages 100 and 101.

Other statistical details as to deaths from infectious diseases are contained in Table A, at page 70, and in Tables B and D, and pages 99 and 102.

ENTERIC OR TYPHOID FEVER.

The cases of this disease reported in the year 1944-45, corrected for misdiagnosis and imported cases, numbered 97 (20 European and 77 non-European); equivalent to an incidence rate of 0·29 per 1,000 population (0·12 European and 0·44 non-European).

The number of deaths amongst these 97 cases was 23 (3 European and 20 non-European), giving a case mortality of 23·7 per cent. (15·0 European and 26·0 non-European).

The total deaths from enteric fever registered in the year as belonging to Cape Town numbered 16 (3 European and 13 non-European), equivalent to a death rate of 0·05 per 1,000 population (0·02 European and 0·07 non-European).

There were 6 cases at the Langa Native Township.

The figures for 31 years are given in the table on page 26.

The monthly distribution of the notifications is shown in Table O, on page 113.

Four of the cases occurred in institutions, viz. 2 at the City Hospital for Infectious Diseases, Ward 2, and one each at Valkenberg Mental Hospital and Alexandra Institution. The other cases occurred in 83 houses, in 78 of which there was one case each, in 2 two cases, in 2 three cases and in 1 five cases.

The age, sex and ward distribution is shown in Tables N and P on pages 112 and 114.

147 extra-municipal cases notified as enteric fever, including a case from a ship in the harbour, were admitted to the City Hospital. The diagnosis was confirmed in 109 patients. The Cape Town cases numbered 97 and were sporadic. No common factor could be found. In one European and four non-European households there were multiple cases involving 14 persons. Typhoid immunization was carried out in these homes, and also in homes where the environmental circumstances were primitive. The greatest incidence was found in Wards 11, 12 and 13.

DIPHTHERIA.

The cases of this disease reported in the year 1944-45, corrected for misdiagnosis and imported cases, numbered 178 (89 European and 89 non-European). This is equivalent to an incidence rate of 0·53 per 1,000 population (0·55 European and 0·51 non-European).

The number of deaths from the 178 cases was 17 (6 European and 11 non-European), giving a case mortality of 9·6 per cent. (6·7 per cent. European and 12·4 per cent. non-European).

The total deaths from diphtheria registered in the year as belonging to Cape Town numbered 15 (5 European and 10 non-European), equivalent to a death rate of 0·04 per 1,000 population (0·03 European and 0·06 non-European).

The 10 non-European deaths were of children under 5 years old. Of the 5 European deaths, 1 was an adult, 1 in the age-group 5-10 years, 1 in the age-group 2-5 years, 2 in the age-group 1-2 years.

There were 5 cases of diphtheria in the Langa Native Township (one fatal). They are excluded from the above figures.

Other particulars will be found in Tables M to Q, on pages 111 to 115.

Three of the cases occurred in institutions, viz. 1 at the City Hospital for Infectious Diseases in Ward 2 (a nurse), and 2 at Marsh Memorial Homes in Ward 12. The other cases occurred in 167 houses, in 160 of which there was one case each, in 6 two cases each and in 1 three cases.

Of the 318 (uncorrected) Cape Town patients, 306 were treated in the City Hospital.

Diphtheria Carriers.—In 37 cases which were admitted to the City Hospital as diphtheria the diagnosis was changed to "diphtheria carrier".

In two cases admitted as diphtheria from Langa Native Township the diagnosis was changed to "diphtheria carrier".

Of the patients from outside the City area, one was admitted as a diphtheria carrier; in 15 cases admitted as diphtheria the diagnosis was changed to "diphtheria carrier".

SCARLET FEVER.

The cases of this disease reported in the year 1944-45, corrected for misdiagnosis and imported cases, numbered 160 (143 European and 17 non-European); equivalent to an incidence rate of 0·48 per 1,000 population (0·89 European and 0·10 non-European).

There were 2 deaths from scarlet fever (1 European and 1 non-European).

There were no cases at the Langa Native Township.

The cases occurred in 143 houses, in 129 of which (including two institutions) there was 1 case each, in 12 two cases each, in 1 three cases each, and in 1 four cases.

Other particulars will be found in the following table and in Tables M to Q, on pages 111 to 115.

Of the 167 (uncorrected) Cape Town cases 139 were treated in the City Hospital.

CORRECTED NOTIFICATION AND DEATH RATES PER 1,000 POPULATION FROM ENTERIC FEVER,
DIPHTHERIA AND SCARLET FEVER.

Year.	Enteric Fever.				Diphtheria.				Scarlet Fever.			
	Notifications.		Deaths.		Notifications.		Deaths.		Notifications.		Deaths.	
	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
1914-15 ..	3·13	2·89	0·26	0·30	1·94	0·82	0·20	0·29	0·98	0·13	0·03	—
1915-16 ..	1·96	1·73	0·01	0·37	2·27	0·67	0·20	0·25	1·54	0·10	—	—
1916-17 ..	1·90	1·92	0·16	0·41	1·91	0·53	0·12	0·17	0·60	0·05	—	—
1917-18 ..	1·55	1·58	0·13	0·40	1·20	0·41	0·08	0·14	1·09	0·17	—	—
1918-19 ..	2·20	2·40	0·19	0·42	1·22	0·31	0·03	0·13	1·65	0·23	—	—
1919-20 ..	2·60	2·50	0·22	0·52	1·30	0·45	0·08	0·15	2·84	0·29	0·03	—
1920-21 ..	3·46	3·78	0·37	0·56	0·75	0·29	0·05	0·04	2·25	0·18	0·02	—
1921-22 ..	1·98	2·48	0·20	0·50	0·86	0·22	0·08	0·07	0·94	0·11	—	—
1922-23 ..	1·71	1·64	0·21	0·31	1·15	0·28	0·10	0·06	0·45	0·06	—	—
1923-24 ..	1·12	1·04	0·11	0·23	1·51	0·55	0·08	0·12	0·24	0·03	—	—
1924-25 ..	0·72	1·02	0·07	0·21	1·90	0·45	0·15	0·09	0·46	0·01	—	—
1925-26 ..	0·78	1·05	0·07	0·18	1·60	0·48	0·07	0·12	1·15	0·08	—	0·01
1926-27 ..	1·02	1·26	0·13	0·28	1·62	0·89	0·10	0·16	1·07	0·11	—	—
1927-28 ..	0·84	1·19	0·08	0·22	1·25	0·54	0·08	0·11	1·76	0·05	0·02	—
1928-29 ..	0·76	0·86	0·10	0·22	1·23	0·60	0·10	0·13	1·17	0·08	—	0·01
1929-30 ..	0·65	0·79	0·06	0·14	1·23	0·45	0·10	0·09	1·93	0·16	0·01	0·01
1930-31 ..	0·71	0·84	0·06	0·19	1·38	0·76	0·06	0·09	3·11	0·32	0·01	—
1931-32 ..	0·51	0·78	0·09	0·19	0·86	0·53	0·05	0·09	0·87	0·14	—	—
1932-33 ..	0·21	0·23	0·02	0·04	1·00	0·57	0·06	0·05	0·85	0·14	—	—
1933-34 ..	0·36	0·36	0·01	0·05	1·33	0·80	0·04	0·08	0·71	0·07	—	—
1934-35 ..	0·22	0·36	0·04	0·07	1·61	1·00	0·06	0·14	1·55	0·10	0·01	—
1935-36 ..	0·20	0·31	0·02	0·04	1·25	0·88	0·07	0·12	3·95	0·24	0·02	0·01
1936-37 ..	0·22	0·67	0·01	0·09	1·45	0·84	0·01	0·08	2·98	0·20	0·02	0·01
1937-38 ..	0·37	0·28	0·03	0·05	2·20	1·73	0·12	0·23	0·72	0·09	0·01	—
1938-39 ..	0·09	0·25	0·01	0·03	3·36	1·56	0·12	0·31	0·51	0·05	—	—
1939-40 ..	0·22	0·22	0·01	0·03	1·75	0·84	0·03	0·12	0·76	0·07	—	—
1940-41 ..	0·07	0·17	0·01	0·06	1·21	0·54	0·04	0·05	1·30	0·11	—	—
1941-42 ..	0·23	0·45	0·01	0·07	1·24	0·85	0·04	0·10	1·70	0·06	0·01	—
1942-43 ..	0·57	0·41	0·02	0·08	1·02	0·81	0·06	0·09	0·97	0·04	—	—
1943-44 ..	0·11	0·33	0·02	0·04	1·09	0·65	0·02	0·08	0·96	0·05	0·01	—
1944-45 ..	0·12	0·44	0·02	0·07	0·55	0·51	0·03	0·06	0·89	0·10	0·01	0·01

CEREBROSPINAL FEVER.

The cases of this disease reported in the year 1944-45, corrected for misdiagnosis and imported cases, numbered 105 (25 European and 80 non-European). Amongst these there were 25 deaths (6 European and 19 non-European).

The total deaths from cerebrospinal fever registered during the year as belonging to Cape Town numbered 22 (6 European and 16 non-European), equivalent to a death rate of 0·07 per 1,000 population (0·04 European and 0·09 non-European).

To these are to be added one native case at the Langa Native Township (non-fatal).

There were 13 cases, 1 European aged 9-10 years, and 12 non-Europeans aged, under one year (2), 1-2 years (1), 2-3 years (2), 3-4 years (2), 5-6 years (1), 9-10 years (1), 11-12 years (1), 15-16 years (1), and 16-17 years (1)—which were not removed to the City Hospital. All the non-European cases were fatal very shortly after they were notified, and the diagnosis in these cases must be accepted with considerable reserve. In none of them was there any bacteriological confirmation of diagnosis.

Amongst the 88 cases (belonging to Cape Town, including Langa Native Township) which were admitted to the City Hospital there were 12 deaths.

Counting also cases from outside the Cape Town municipal area, the cases admitted to the City Hospital (diagnosis confirmed) numbered 188, and amongst these there were 23 deaths. It is to be noted that out of a total of 468 cases admitted to the City Hospital under the diagnosis of cerebrospinal fever only 188 proved to be suffering from the meningococcal infection.

The Cape Town cases occurred in 102 houses, in 99 of which there was one case each, and in 3 two cases.

Other particulars will be found in the table below, and in Tables M to Q on pages 111 to 115. From Table O, it will be seen that in Cape Town the disease was mainly confined to the colder months of the year, only 28 cases occurring in the five months November, 1944, to March, 1945.

Of the 256 (uncorrected) Cape Town cases 242 were admitted to the City Hospital.

ACUTE POLIOMYELITIS.

The cases of this disease reported in the year 1944-45, corrected for misdiagnosis and imported cases, numbered 64 (46 European and 18 non-European). There were 2 deaths.

Fifty-five of these cases were treated in the City Hospital, 1 in another hospital, and 8 were not removed to hospital.

Of the 64 Cape Town cases there was one household in which 2 cases were notified within a few days of each other. The epidemic was most marked during the summer months, November, 1944, to February, 1945, and the greatest incidence occurred in December, 1944.

All the cases were under 35 years of age, 13 in the age-group 15-35 years, 51 under ten years, 35 under five and 21 under two.

To provide accommodation at the City Hospital for the acute infectious cases, arrangements were made by the Provincial Administration for the further treatment of convalescent cases at "Montebello," an auxiliary hospital which was opened especially for this purpose.

There was one case at the Langa Native Township admitted to the City Hospital as a case of cerebrospinal fever, which afterwards proved to be a case of acute poliomyelitis.

Other particulars will be found in the table below, and in Tables M to Q, on pages 111 to 115.

Of the 93 (uncorrected) Cape Town cases 82 were admitted to the City Hospital and 1 to another hospital.

INFECTIVE ENCEPHALITIS.

One case (fatal) of this disease was reported during the year in the person of a non-European female in Ward 15.

There were no cases at the Langa Native Township.

Other particulars will be found in the following table and in Tables M to Q, on pages 111 to 115.

Of the 5 (uncorrected) Cape Town cases, 4 were admitted to the City Hospital.

CASES (CORRECTED) AND DEATHS FROM CEREBROSPINAL FEVER, ACUTE POLIOMYELITIS, AND INFECTIVE ENCEPHALITIS.

Year.	Cerebrospinal fever.				Acute poliomyelitis.				Infective encephalitis.			
	Cases.		Deaths.		Cases.		Deaths.		Cases.		Deaths.	
	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
1915-16 ..	2	-	-	-	4	5	1	2				
1916-17 ..	2	-	1	-	3	1	1	1				
1917-18 ..	6	2	3	2	3	2	1	1				
1918-19 ..	3	5	-	5	2	2	2	-				
1919-20 ..	3	6	3	5	1	1	-	1				
1920-21 ..	4	1	3	1	3	1	-	-	3	1	2	1
1921-22 ..	4	1	-	-	1	1	1	1	5	-	5	-
1922-23 ..	4	5	4	2	-	1	-	1	3	1	2	1
1923-24 ..	2	3	2	3	1	-	-	-	5	4	3	4
1924-25 ..	6	19	5	11	1	1	1	1	6	5	3	4
1925-26 ..	4	21	5	19	-	-	-	-	6	10	6	7
1926-27 ..	10	39	6	29	2	-	1	-	6	5	4	5
1927-28 ..	39	183	18	92	8	4	2	1	8	3	3	3
1928-29 ..	30	101	16	59	4	1	1	-	7	5	5	3
1929-30 ..	14	48	8	27	11	6	3	1	4	3	3	-
1930-31 ..	4	18	3	15	5	5	-	2	1	4	-	3
1931-32 ..	7	35	3	21	-	-	-	-	7	2	5	2
1932-33 ..	8	22	5	15	4	4	1	2	4	4	-	1
1933-34 ..	3	17	3	17	8	3	-	-	2	-	-	-
1934-35 ..	5	20	3	15	11	14	1	3	8	3	2	1
1935-36 ..	1	9	1	10	1	3	-	-	4	3	2	4
1936-37 ..	7	11	7	9	7	2	2	-	1	3	2	1
1937-38 ..	3	15	2	5	4	2	4	-	4	4	2	1
1938-39 ..	5	33	1	17	2	9	-	-	-	2	-	1
1939-40 ..	2	24	1	7	5	11	-	-	2	3	1	-
1940-41 ..	23	45	4	8	5	4	-	1	1	5	1	3
1941-42 ..	19	47	1	4	4	3	2	2	3	1	2	-
1942-43 ..	23	80	2	13	2	-	-	-	6	3	3	2
1943-44 ..	39	222	9	33	5	1	-	-	-	2	-	-
1944-45 ..	25	80	6	16	46	18	1	1	-	1	-	1

ERYSIPelas.

The cases of this disease reported in the year 1944-45, corrected for misdiagnosis and imported cases, numbered 79 (38 European and 41 non-European). There were no deaths.

The cases occurred in 74 separate houses (including three institutions, in one of which there were 3 cases), there being no secondary household cases.

Other particulars will be found in Tables M to Q, on pages 111 to 115.

Of the 77 (uncorrected) Cape Town cases, 37 were treated in the City Hospital.

There was one case at the Langa Native Township.

INFLUENZA AND PNEUMONIA.

In the year 1944-45, the corrected number of notified cases of pneumonia was as follows : influenzal pneumonia 28 (2 European and 26 non-European); acute primary pneumonia 427 (74 European and 353 non-European). Further details will be found in Tables M to Q, on pages 111 to 115.

The deaths from influenza since the great epidemic in 1918, and from bronchitis and pneumonia, are shown in the following table :—

Year.	Influenza.				Bronchitis.				Pneumonia (all kinds).			
	European.		Non-European.		European.		Non-European.		European.		Non-European.	
	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.
1918-19 ..	864	9·33	2,893	36·41	47	0·51	216	2·72	239	2·58	229	2·88
1919-20 ..	2	0·02	5	0·06	39	0·40	203	2·52	71	0·74	385	4·77
1920-21 ..	1	0·01	18	0·22	42	0·42	237	2·91	89	0·89	418	5·13
1921-22 ..	5	0·05	10	0·12	43	0·42	197	2·36	112	1·09	379	4·54
1922-23 ..	6	0·06	5	0·06	39	0·37	222	2·58	91	0·86	407	4·72
1923-24 ..	3	0·03	3	0·03	32	0·30	185	2·07	92	0·85	445	4·98
1924-25 ..	25	0·22	30	0·32	29	0·26	148	1·59	58	0·52	323	3·46
1925-26 ..	13	0·12	22	0·23	26	0·23	213	2·25	70	0·63	269	2·84
1926-27 ..	13	0·11	18	0·18	40	0·35	255	2·62	84	0·74	387	3·96
1927-28 ..	20	0·16	52	0·46	39	0·30	305	2·69	96	0·75	509	4·49
1928-29 ..	23	0·18	33	0·28	40	0·31	217	1·87	93	0·71	390	3·56
1929-30 ..	32	0·24	29	0·24	36	0·27	221	1·86	65	0·49	338	2·84
1930-31 ..	9	0·06	26	0·21	46	0·33	201	1·61	58	0·42	345	2·77
1931-32 ..	30	0·22	43	0·34	35	0·25	218	1·74	100	0·72	403	3·22
1932-33 ..	12	0·08	18	0·14	20	0·14	157	1·22	71	0·50	385	3·00
1933-34 ..	8	0·06	9	0·07	30	0·21	170	1·29	61	0·42	346	2·63
1934-35 ..	30	0·20	27	0·20	29	0·20	278	2·06	114	0·77	482	3·57
1935-36 ..	36	0·24	32	0·23	19	0·12	193	1·37	92	0·60	453	3·21
1936-37 ..	13	0·08	17	0·12	35	0·23	132	0·93	57	0·37	317	2·23
1937-38 ..	24	0·15	24	0·16	34	0·22	252	1·73	80	0·51	465	3·19
1938-39 ..	15	0·09	15	0·10	30	0·19	170	1·14	79	0·50	446	2·99
1939-40 ..	17	0·10	12	0·08	20	0·12	131	0·85	66	0·41	438	2·86
1940-41 ..	18	0·11	18	0·11	27	0·16	159	1·01	73	0·44	442	2·81
1941-42 ..	8	0·05	10	0·06	21	0·13	129	0·79	68	0·42	474	2·89
1942-43 ..	8	0·05	8	0·05	33	0·21	128	0·77	61	0·39	412	2·49
1943-44 ..	12	0·08	13	0·08	12	0·08	163	0·96	60	0·38	504	2·97
1944-45 ..	5	0·03	7	0·04	19	0·12	99	0·57	59	0·37	376	2·16

Corrected for outward transfers, and from 1924-25 inclusive for European inward transfers.

The non-European mortality rate from bronchitis and pneumonia is very much greater than the European. In the year under review the non-European mortality rate for bronchitis was nearly five times as great as the European, and for pneumonia 5·8 times. In children between 1-2 years the mortality rate from bronchitis and pneumonia was 1·1 for Europeans and 13·6 for non-Europeans, the latter being more than twelve times the former.

The following figures for deaths from bronchitis and pneumonia in 1944-45, show the contrast between Europeans and non-Europeans :—

		European.	Non-European.
Under 5 years old ..	..	..	20
All other ages ..	..	58	343
Total ..	..	78	475

From Table H, it will be seen that in recent years there has been an improvement in the infant mortality from these causes.

The seasonal character of mortality from bronchitis and pneumonia will be seen in Table D on page 102. The greatest mortality was registered in quarter following mid-winter (July-September, 202) and the least in the quarter following mid-summer (April-June, 104).

TYPHUS FEVER.

There were 15 cases of epidemic typhus fever notified within the municipal area during the year under report, 12 Cape Town cases and 3 extra-municipal cases. One case was in a native who had arrived from the Native Territories. On his arrival at Langa Native Township he was subjected to the usual delousing procedure. The disease manifested itself some three days after his arrival and he was immediately removed to hospital, where he died. The diagnosis was confirmed serologically. The other 11 Cape Town cases were all diagnosed as tick-bite fever, as were the 3 extra-municipal cases.

LEPROSY.

There were two cases of this disease notified during the year, as follows :—

Coloured male, aged 53 years, notified four days after arrival in Cape Town from Victoria West.

The patient had lived for many years in Zuiden Paarl. Early in 1942, sores appeared on his hands and feet. In May, 1942, he went to live in Victoria West, but did not have any medical attention until his arrival in Cape Town in July, 1944. He was admitted to the Conradié Home.

Native female, aged 21 years, arrived in Cape Town from Tsolo district on 15th December, 1944.

Evidence is given that in April, 1943, yellowish nodules appeared in the nose and about the eyes. Patient presented herself at a venereal disease clinic in December, 1944, and was immediately admitted to the City Hospital and subsequently transferred to the Conradié Home.

ANTHRAX.

One Cape Town case of anthrax was reported during the year and two resident outside Cape Town (one from Hermanus and one from Caledon). All were admitted to the City Hospital, two recovered.

In the Cape Town case (Coloured male, Windermere), the source of infection was unknown.

TRACHOMA.

There were 9 Cape Town cases of this disease notified during the year, as follows :—

Coloured male, aged 47 years, Ward 13. Onset 2 years ago. Out-patient at Somerset Hospital.

Coloured female, aged 40 years, Ward 3. Onset childhood when living at Clanwilliam. Out-patient at Somerset Hospital. Has already infected her three children ages 11, 6 and 1 year.

Coloured female, aged 25 years, Ward 3. Onset stated to be 4 weeks ago. Patient in Somerset Hospital.

Malay female, aged 2 years, Ward 12. The department was unable to trace this case subsequent to notification.

Coloured male, aged 4 years, Ward 12. Case notified 21st February, 1945, by a general practitioner at Athlone. Onset on or about 19th February, 1945.

Coloured male, aged 18 years, Ward 2. Onset about 8 years ago. Treated as an out-patient at Somerset Hospital three times a week.

Coloured male, aged 18 years, Ward 2. Notified 24th January, 1945. Treated as an in-patient at Somerset Hospital on 25th January, 1945.

European male, aged 21 years, Ward 11. Onset 12 months ago. Notified on 3rd May, 1945.

Coloured male, aged 24 years, Ward 11. Notified 27th October, 1944. Attends out-patient department, Groote Schuur Hospital.

In addition to the above there was a native female, aged 14 years, in the Langa Native Township. Onset June, 1945. Admitted Groote Schuur Hospital 11th June, 1945.

SMALLPOX.

During the year under review there were 6 non-European cases notified within the Cape Town municipal area (including a native male who had just arrived at Langa Township from the Territories) and 9 extra-municipal non-European cases. All the patients were isolated and treated at Rentzkie's Farm Hospital. There were no deaths.

The Department first became aware of the prevalence of smallpox in Cape Town on the 22nd November, 1944, when a native male, aged 23 years, who was employed (six months) at a racing stable at Milnerton, in the Divisional Council area, was taken by his employer to the out-patient skin department of the Groote Schuur Hospital. This case was seen by Dr. W. F. Rhodes, of the Union Health Department, and myself. He was covered in a profuse early pustular rash, and was immediately removed to Rentzkie's Farm isolation hospital. The staff at Groote Schuur Hospital were vaccinated, as well as all the patients who had attended the out-patient department at the time the case was discovered.

On investigating this native's movements it was found that he had recently been associated with two other natives employed at an adjoining racing stable in the Divisional Council area at Milnerton. At the time of examination (22nd November, 1944), these natives showed only a few discreet pustules. They had been vaccinated some six years previously and in consequence had suffered only a mild attack, for which apparently they had not consulted a doctor.

On further investigation it was found that these two natives had been in contact with a native who had arrived in Cape Town on 4th October, 1944, complaining of headache and backache, and who subsequently developed a rash. On 22nd November, 1944, he was traced to a racing stable in the Muizenberg area (Ward 14), and on medical examination only a few scabs were visible. This case undoubtedly was responsible for the infection in the other natives. He had not consulted a doctor.

The remaining 4 Cape Town cases were notified from Ward 11 and, of these, two had recently returned from the Native Territories.

Of the 9 non-European extra municipal cases 3 natives arrived in Cape Town by the Mombela train already suffering from smallpox, which they had contracted in the Native Territories. All 3 natives gave a history of contact with cases of smallpox in the Transkei.

As a result of the outbreak in Cape Town in November systematic vaccination of all new arrivals from the Territories at the Langa Native Township was put into effect and has since been carried out as a routine measure. Representations were made to the Union Health Department regarding the desirability of all Natives being vaccinated fourteen days prior to entraining from the Territories to the Cape. The practical accomplishment of this measure was found to be virtually impossible, but the Union Health Department has caused large numbers of natives in the Territories to be vaccinated.

The number of vaccinations carried out by the City Health Department during the year ended 30th June, 1945, is set out below :—

No. of vaccinations of new arrivals from Native Territories, and residents and scholars at Langa Native Township, and Windermere	11,007
No. of vaccinations as a result of the outbreak of smallpox in November, 1944, at :	
appointed centres and by mobile teams..	34,820
child welfare centre at Retreat	1,161
	35,981
	46,988

During the years 1940-42, in consequence of the introduction of cases of smallpox into Cape Town from India, widespread public vaccination was carried out and over 204,000 persons were vaccinated in the areas of the Cape Town Municipality and the Cape Divisional Council.

MEASLES AND WHOOPING COUGH.

In the following table the number of deaths from measles and whooping cough, together with the corresponding rates, are shown for a series of years :—

Year.	Measles.				Whooping Cough.			
	Deaths.		Rate per 1,000 population.		Deaths.		Rate per 1,000 population.	
	Eur.	Non-E.	Eur.	Non-E.	Eur.	Non-E.	Eur.	Non-E.
1914-15	1	1	0·01	0·01	16	72	0·20	0·95
1915-16	2	—	0·02	—	2	2	0·02	0·03
1916-17	20	147	0·23	1·90	12	20	0·14	0·26
1917-18	1	7	0·09	0·09	10	40	0·11	0·51
1918-19	3	2	0·03	0·03	7	22	0·08	0·28
1919-20	9	12	0·01	0·15	10	29	0·10	0·36
1920-21	2	27	0·02	0·33	16	41	0·16	0·50
1921-22	—	—	—	—	—	5	—	0·06
1922-23	3	21	0·03	0·24	8	25	0·08	0·29
1923-24	20	116	0·19	1·30	21	69	0·19	0·77
1924-25	1	2	0·01	0·02	4	10	0·04	0·11
1925-26	—	6	—	0·06	5	20	0·04	0·21
1926-27	9	38	0·08	0·39	7	26	0·06	0·27
1927-28	3	12	0·02	0·11	21	74	0·16	0·66
1928-29	9	9	0·07	0·08	11	32	0·08	0·28
1929-30	3	17	0·02	0·14	6	15	0·04	0·13
1930-31	—	17	—	0·14	9	58	0·06	0·47
1931-32	8	39	0·06	0·31	8	44	0·06	0·35
1932-33	—	—	—	—	10	32	0·07	0·25
1933-34	3	23	0·02	0·17	1	19	0·01	0·14
1934-35	6	80	0·04	0·59	5	19	0·03	0·14
1935-36	3	—	0·02	—	10	178	0·07	1·26
1936-37	—	4	—	0·03	3	23	0·02	0·16
1937-38	6	65	0·04	0·45	—	20	—	0·14
1938-39	1	7	0·01	0·05	1	81	0·01	0·54
1939-40	—	—	—	—	4	66	0·02	0·43
1940-41	4	37	0·02	0·24	3	43	0·02	0·27
1941-42	5	6	0·03	0·04	3	54	0·02	0·33
1942-43	2	20	0·01	0·12	2	5	0·01	0·03
1943-44	2	42	0·01	0·25	6	31	0·04	0·18
1944-45	2	9	0·01	0·05	2	86	0·01	0·49

Corrected for outward transfers, and from 1924-25 inclusive for European inward transfers.

MEASLES.

There was a decrease of 21 per cent in the number of deaths from this disease amongst non-Europeans during the year under report. The figures for Europeans remained unchanged.

Twenty-six cases of measles were treated in the City Hospital.

WHOOPING COUGH.

During the year under review there were 88 deaths, 2 European (as against 6 in the previous year), and 86 non-European (as against 31 in the previous year). The figure for non-Europeans was nearly 2·8 times greater than that of the previous year. Of the 88 deaths, 39 were in children under 1 year of age, 18 between the ages of 1·2 years, and 31 between the ages of 2-5 years. It will again be noticed that the mortality was mainly confined to non-Europeans, the rate for non-Europeans being 49 times greater than that of the Europeans. This marked difference is largely due to the depressed circumstances of a great many of the non-Europeans and the lack of home nursing facilities.

Forty-three cases of whooping cough (12 European and 31 non-European) were treated in the City Hospital.

DIARRHOEAL DISEASES.

The deaths from diarrhoea and enteritis in the year 1944-45, (corrected for outward transfers) were certified and classified as follows :—

	European.	Non-European.	All Races.
Diarrhoea and enteritis (under 2 years)..	19	409	428
Diarrhoea and enteritis (2 years and over)	8	27	35
Cholera nostras	—	—	—
Dysentery, bacillary	1	2	3
Dysentery, amoebic..	—	3	3
Dysentery, other	1	—	1
Total	29	441	470
Diarrhoeal death rate per 1,000 population	0·18	2·54	1·41

The non-European death rate from diarrhoeal diseases was 14 times as great as the European. In children under 1 year of age the non-European mortality rate from diarrhoeal diseases was 9·5 times as great as the European (see Table H, on page 106). In the diarrhoeas of infancy 428 deaths occurred in babies under two years of age, and only 35 in the age group two years and over. The excessive mortality from this disease is very largely attributable to the lack of early institutional treatment.

The seasonal incidence of the diarrhoeal mortality will be seen in Table D, on page 102. The deaths in the six months December, 1944, to May, 1945, numbered 1 379 as compared with 89 in the other six months of the year.

CANCER.

The death rates from cancer per 1,000 population concerned (corrected for outward and inward transfers for Europeans and outward transfers for non-Europeans) were as follows :—

Part affected.	European.		Non-European.		All Races.	
	Deaths.	Rate.	Deaths.	Rate.	Deaths.	Rate.
Buccal cavity and pharynx	9	0·05	4	0·02	13	0·04
Digestive organs and peritoneum	132	0·82	77	0·44	209	0·63
Respiratory organs	17	0·11	4	0·02	21	0·06
Uterus	14	0·09	19	0·11	33	0·10
Other female genital organs	5	0·03	3	0·01	8	0·02
Breast	23	0·14	15	0·10	38	0·11
Male and female genito-urinary organs	17	0·11	9	0·05	26	0·08
Skin	3	0·02	—	—	3	0·01
Other or unspecified organs	16	0·10	5	0·03	21	0·06
Total	236	1·47	136	0·78	372	1·11

The variation in cancer mortality during the past ten years is shown in Table C, on page 100. Other statistics concerning cancer mortality are shown in Tables A to D, on pages 75 to 102.

CITY HOSPITALS.

(MEDICAL SUPERINTENDENT OF HOSPITALS : DR. J. F. WICHT.)

The hospitals for infectious diseases provided by the City Council are two in number, the City Hospital, Portswood Road, Cape Town, and Rentzkie's Farm Hospital, Koeberg Road, Maitland.

The one medical and nursing staff operates the two hospitals, under the same medical superintendent and matron.

The staff at the City Hospital, Portswood Road, is shown on page 67, where the nurses, domestics, etc., who are in residence at Rentzkie's Farm Hospital, are included.

CITY HOSPITAL FOR INFECTIOUS DISEASES, PORTSWOOD ROAD.

The hospital is situated near the North Gate of the Docks and is bounded on the south-western side by the Green Point Sports Ground. The Somerset Hospital, forming the north-eastern boundary, is separated from the hospital by a road. The north-western boundary is a piece of ground laid out in tennis courts by a sports club, while Portswood Road forms the south-eastern boundary. The total area of the hospital ground is 7½ acres.

The hospital buildings comprise the following (30th June, 1945) :—

Medical Superintendent's residence.

House physicians' cottage.

Administrative block, comprising administrative offices, matron's quarters, quarters for two resident medical officers, maids' quarters, hospital kitchen and stores.

Nurses' home, including lecture room and kitchen.

Quarters for male native servants, forming the first floor of a block which on the ground floor comprises garages, workshops and accommodation for disinfecting and removal staff.

Dispensary and drug store.

Block comprising laundry and disinfecting station.

Two cottages for ambulance drivers.

Stores.

Gatekeepers' lodge.

Wood-and-iron building furnished as a billiard room for patients.

Two-storey ward block (100 beds); non-European tuberculosis.

Three two-storey ward blocks (each 66 beds); European tuberculosis, European diphtheria, non-European diphtheria.

Single-storey ward block (24 beds); European scarlet fever.

Single-storey ward block (12 beds); various diseases, all races. An operating theatre is included in this block.

Two-storey block of two-bed wards (32 beds); various diseases, all races.

Wood-and-iron single-storey block of two-bed wards (8 beds); various diseases, all races.

Two single-storey wards for venereal diseases (24 beds)—separate accommodation for Europeans and non-Europeans, male and female. (A V.D. clinic also adjoins the hospital).

X-ray and clinic block for tuberculosis, comprising X-ray room, dark room, office, clinic room, waiting room and dressing cubicles.

The first buildings were erected in 1899 and were occupied by the military authorities during the Boer War until 1902, when the hospital was re-occupied by the Municipality and opened for the isolation and treatment of infectious diseases. It has since been gradually extended. In June, 1940, the old scarlet fever block (24 beds) was evacuated for alterations and extensions. In April, 1940, the 8-bed wood-and-iron block was equipped as a billiard room for patients.

Cases of the following infectious diseases are ordinarily admitted to the hospital : enteric fever, diphtheria, scarlet fever, puerperal fever, cerebrospinal fever, poliomyelitis and infective encephalitis. Special cases of other infectious diseases are admitted. The hospital is also used for the accommodation of tuberculosis (chiefly pulmonary) and venereal diseases.

The medical staff (June 30th, 1945), consists of Medical Superintendent, two resident medical officers and two house physicians. The house physicians are changed every six months.

There is accommodation for 175 non-European male tuberculosis patients at Rentzkie's Farm Hospital.

A six months' course for a registrable certificate in infectious-disease nursing for nurses who hold the certificate of general training was instituted in 1929, and lectures are given at weekly intervals by the Medical Superintendent. In addition to this a scheme is in operation by which nurses who are undergoing their general training in Cape Town are taken on for periods of three months, during which time they receive instruction in the principles of fever nursing.

Visits to patients are allowed twice weekly (on Wednesdays and Sundays). Children under 16 years are not allowed and visitors to the infectious blocks remain outside the ward and converse with the patients through the windows. In cases of dangerous illness near relatives are allowed to enter the ward, and special precautions are taken to avoid infection.

BREATHING MACHINES.

During the epidemic of poliomyelitis the occurrence of cases of respiratory paralysis called for the use of mechanical methods of artificial respiration. A "Both" breathing machine, which had been given to the hospital by Viscount Nuffield was available, but it was soon apparent that more machines would be required.

Another "Both" of the Nuffield type was lent by the Groote Schuur Hospital authorities, and two machines of the Drinker type, which had been manufactured in the S.A.A.F. workshops at Roberts Heights, were obtained from the Military authorities. A little later a third machine of this type was lent by the Cape Divisional Council.

Considerable experience was gained in the operation of these machines and in several cases lives were undoubtedly saved by their use.

It is by no means clear that the cabinet type of respirator is the machine of choice. It is inconvenient to nurse patients who are almost fully enclosed, and it is difficult to fit orthopaedic appliances, especially to the upper limbs. The coffin-like appearance of the cabinet, which has given rise to criticism, is more likely to alarm adults than children. One of our patients, a young aircraftsman, was panic stricken at being placed in the machine. His cries were so urgent and he became so exhausted that it was necessary to remove him, and he died soon after. In this case a Cuirass type of breathing machine would probably have been acceptable, and his life might have been saved, as his respiratory difficulty was due to diaphragmatic paralysis and not to bulbar causes.

It is felt that enquiries should be made regarding the other types of respirator, e.g., Bragg Paul and Cuirass, with a view to obtaining a few machines which could be used in the event of another outbreak of the disease. The Bragg Paul applies positive pressure to the chest, whereas the Cuirass exerts negative pressure, and it is probable that the latter type will be the most useful. In both types the patient is only partially enclosed, the limbs are free and he can be propped up on pillows in the Fowler

position. This facilitates both nursing and medical treatment and adds to the patient's comfort.

Several lessons were learnt regarding the use of breathing machines : —

- (a) In cases where respiratory failure was considered likely (a progressive clinical type is recognised) the patient should be nursed in a room where the machine is readily available. In some cases it may be advisable to nurse the patient in the machine without enclosing him and starting the motor. Respiratory aids should be given before there is actual failure of breathing. In some cases where there is embarrassment, the patient may find relief if he is given short periods in the breathing machine.
- (b) In favourable cases it is often possible to take the patient out of the machine for nursing attention. When the respiratory powers are re-established the patient is gradually "weaned" by stopping the machine, opening the valves and allowing him to breathe without assistance. Some patients are afraid that they will be unable to breathe unaided, and they have to be deceived by being allowed to think that the machine is functioning for them. This is done by opening the valves instead of switching off the motors.
- (c) If possible, the machine should not be operated while the patient is being fed. This is to prevent aspiration of food particles during the forced inspiration.

It was learnt also that relapses are not uncommon, and that they may occur many days or even weeks after the removal of the patient from the machine.

The impression was formed that patients in whom the respiratory failure was due to polioencephalitis were far less likely to recover than patients in whom the nerve supply to the diaphragm and intercostal muscles was affected.

We have been led to believe that penicillin is a valuable product in checking respiratory infections which might prove fatal to those whom paralysis of the chest muscles has rendered incapable of coughing.

DENTAL CLINIC.

The dental officer attends weekly and provides dental attention for tuberculosis in-patients. During the year under report, 138 patients attended and 475 teeth were extracted. Further details are shown in the table on page 24.

OPERATING THEATRE.

The operations performed in the operating theatre for the year were as follows :—

Abscess sub-phrenic (drainage of)	..	..	..	..	..	1
Abortion, incomplete	..	..	..	..	..	1
Caesarian section for A.A.P.	..	..	..	..	..	1
Appendicectomy	..	..	..	..	..	3
Dilation and curettage	..	..	..	..	..	2
Fistula in ano	..	..	..	..	..	1
Mastoidectomy	..	..	..	..	..	1
Phrenic nerve evulsion	..	..	..	..	..	2
Phrenic nerve crush	..	..	..	..	..	4
Thoracoplasty	..	..	..	..	..	7
Typhoid perforation	..	..	..	..	..	6
Tonsillectomy	..	..	..	..	..	1
						—
						30
						—

These figures do not include the operations tracheotomy and intubation of the larynx, which are carried out in special rooms attached to the diphtheria wards.

During the year the operation of tracheotomy for laryngeal diphtheria was performed on 49 patients with 39 recoveries.

HOSPITAL STATISTICS.

The daily average of beds occupied in the City Hospital, Portswood Road, and Rentzkie's Farm Hospital in the year under report was as follows :—

				European.	Non-European.
Tuberculosis :					
From Cape Town Municipality	..	..	..	57	211
From outside Municipality	..	..	..	11	47
Venereal diseases :					
From Cape Town Municipality	..	..	..	1	11
From outside Municipality	..	..	..	1	17
Other diseases :					
From Cape Town Municipality	..	..	..	45	65
From outside Municipality	..	..	..	21	44
				136	395
				—	—

The average daily number of patients in the hospital (exclusive of Rentzkie's Farm Hospital) for a series of years is as follows :—

1923-24	1924-25	1925-26	1926-27	1927-28	1928-29
62.9	69.6	107.7	125.5	151.7	156.2
1929-30	1930-31	1931-32	1932-33	1933-34	1934-35
159.1	204.3	238.2	245.3	256.7	263.4
1935-36	1936-37	1937-38	1938-39	1939-40	1940-41
280.2	268.4	267.4	362.3	331.4	330.4
1941-42	1942-43	1943-44	1944-45		
342.3	354.3	354.4	378.4		

Details in regard to cases treated are shown in Tables 1 and 2, on pages 35 and 36.

REPORT OF THE MEDICAL OFFICER OF HEALTH.

35

TABLE I.—NUMBER OF PERSONS TREATED IN THE CITY HOSPITAL FOR THE PERIOD JULY 1ST, 1944 TO JUNE 30TH, 1945.

(Classified according to the wards of the City, etc. to which they belonged.)

Wards, etc.	Under treatment, 1st July, 1944.						Admitted.						Discharged.						Died.						Under treatment, 30th June, 1945.						Total admit- ted persons.	Day units. E. M.
	E.			O.			E.			O.			E.			O.			E.			O.			E.			O.				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
1. Sea Point ..	4	3	—	1	34	23	7	23	20	3	21	2	5	4	1	7	1	—	2	87	2,092	1,278	46	645	4,061	591	1,621	3,674				
2. Harbour ..	2	3	4	—	5	17	20	39	15	52	19	35	4	5	4	5	—	9	—	4	134	583	879	46	591	1,621	3,674	1,141	752			
3. West Central ..	—	—	—	5	2	1	10	16	1	9	16	—	—	1	4	—	—	—	1	29	112	117	17	260	1,097	713	1,483	3,802	1,141			
4. Kloof ..	5	7	—	5	20	12	22	28	14	16	27	2	3	4	2	2	2	2	2	82	—	—	2	2	—	—	—	—	—	—		
5. Park ..	4	4	1	3	28	18	5	8	29	20	5	9	2	2	1	1	1	1	2	59	1,561	881	738	398	1,241	5,895	9,460	3,578	3,578			
6. East Central ..	6	6	17	16	10	49	93	14	13	42	68	3	9	28	4	1	4	1	4	168	1,577	747	747	747	1,241	5,895	9,460	4,960	4,960			
7. Castle ..	1	2	8	1	3	44	46	1	—	32	39	—	—	10	13	1	3	4	2	94	159	152	152	152	1,924	2,562	4,797	2,562	2,562			
8. Woodstock ..	9	7	3	7	24	32	25	39	19	31	19	31	5	5	4	5	5	5	6	120	2,257	2,125	2,125	2,125	1,100	2,356	7,838	2,356	2,356			
9. Salt River ..	14	6	6	5	21	26	21	18	24	23	23	23	4	3	4	6	6	6	6	86	3,203	2,221	2,221	2,221	752	1,914	8,090	1,914	8,090			
10. Mowbray ..	3	6	1	—	23	38	5	17	23	37	3	11	—	1	2	2	3	6	1	4	83	915	915	915	915	1,591	934	3,532	934	3,532		
11. Maitland* ..	6	5	12	20	41	42	72	96	37	41	59	76	4	3	22	20	6	3	20	251	1,951	1,770	1,770	1,770	2,073	6,312	12,106	2,073	12,106			
12. Rondebosch ..	1	3	2	10	15	15	94	85	15	11	64	56	1	—	18	25	—	7	14	209	475	765	765	765	3,347	4,914	9,501	4,914	9,501			
13. Claremont ..	3	5	3	8	36	27	34	56	29	24	29	47	7	2	3	13	3	6	5	4	153	1,734	2,224	2,224	2,224	1,072	2,590	7,620	2,590	7,620		
14. Kalk Bay ..	2	2	—	4	11	12	21	30	9	12	12	22	2	2	6	6	2	3	6	74	428	847	847	847	541	2,506	4,322	2,506	4,322			
15. Wynberg ..	3	4	1	6	25	43	27	47	18	35	23	34	3	3	5	3	4	7	7	2	15	142	1,341	1,341	1,341	1,341	1,819	3,693	7,484	3,693	7,484	
Not allocated..	—	—	—	1	—	—	2	—	7	4	—	1	6	3	—	1	1	1	1	13	—	221	—	221	207	407	835	835	835	835		
Langa Township ..	—	—	—	—	—	—	—	—	27	15	—	—	15	8	—	—	6	—	3	42	—	603	603	603	603	603	865	1,468	665	665	665	
From outside the Municipality ..	19	12	10	28	149	114	252	258	143	95	188	197	10	13	43	40	148	49	15	18	31	27	73	6,290	5,284	8,068	13,554	33,196	33,196			
Total ..	81	71	51	135	511	476	750	918	475	430	573	710	49	40	148	40	148	49	15	18	31	27	73	6,290	5,284	8,068	13,554	33,196	33,196			

E. = Europeans. O. = Others or Non-Europeans.

* Including the district of Winelmer.

TABLE 2.—NUMBER OF CASES TREATED AT THE CITY HOSPITAL FOR THE PERIOD JULY 1ST, 1944 TO JUNE 30TH, 1945, CLASSIFIED ACCORDING TO RACE, SEX AND DISEASE

Disease (ultimate diagnosis).	Under treatment, July 1st, 1944.								Admitted.				Discharged.				Died.				Under treatment, June 30th, 1945.				Total cases admitted.	Day Units.			
	E.		O.		E.		O.		E.		O.		E.		O.		E.		O.		E.		O.			E.			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Total.		
Enteric fever	5	1	12	5	16	12	95	74	18	8	73	50	-	3	14	14	3	2	20	15	197	1,022	621	6,090	4,720	12,453			
Diphtheria	17	11	3	12	66	71	56	65	70	65	38	63	2	5	5	5	11	12	16	9	257	3,503	3,323	2,500	3,832	13,158			
Scarlet fever	8	12	-	-	52	75	9	10	50	72	6	9	-	1	1	-	10	14	2	1	146	2,058	2,886	271	320	5,535			
Erysipelas	1	2	-	1	8	12	10	12	9	13	8	12	-	-	-	-	1	2	1	1	42	163	193	163	189	708			
Puerperal fever	-	2	-	1	-	9	-	49	-	11	-	41	-	-	-	-	7	-	-	2	58	-	-	-	1,057	1,286			
Cerebrospinal fever	-	-	10	6	28	24	76	67	21	18	73	63	2	5	8	5	1	5	2	1	195	649	370	1,787	1,995	4,801			
Acute anterior poliomyelitis	-	-	-	-	52	25	17	12	48	24	15	10	3	-	2	-	1	1	-	2	106	1,510	738	544	496	3,288			
Infective encephalitis	-	-	-	-	1	1	-	1	-	1	-	1	-	1	-	-	-	-	-	-	3	-	1	37	-	101			
Measles	1	-	-	-	4	6	11	5	5	6	8	3	-	-	-	-	-	-	-	-	26	69	58	167	135	429			
Whooping cough	-	2	1	3	6	6	19	11	5	8	11	11	1	1	6	3	-	-	3	-	42	75	123	1,075	301	1,574			
Chicken-pox	-	-	-	-	9	5	4	5	9	5	3	5	-	-	-	-	-	-	-	-	23	275	79	129	148	631			
Mumps	1	1	-	1	12	10	1	2	13	11	1	3	-	-	-	-	-	-	-	-	25	211	152	14	81	458			
Enteritis	-	-	-	-	1	2	17	7	-	1	12	7	1	1	5	-	-	-	-	-	27	1	17	176	225	419			
Tetanus	-	-	-	-	3	1	11	5	1	1	1	1	2	-	4	2	-	-	-	-	20	40	24	216	80	360			
Typhus fever	-	-	-	-	7	5	-	-	7	5	-	-	-	-	-	-	-	-	-	-	12	115	102	-	-	217			
Leprosy	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	12	12			
Anthrax	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	35	-	40	-	75			
Influenza	-	-	-	-	1	6	4	3	1	3	1	1	-	3	3	2	-	-	-	-	14	42	122	214	500	500			
Pleurisy	-	1	-	-	-	1	1	2	-	2	1	1	-	-	-	-	-	-	-	-	4	311	50	250	611	613			
Acute primary pneumonia	-	-	-	-	4	1	16	9	4	15	5	-	-	1	3	-	-	-	-	-	30	42	16	418	137	613			
Tuberculosis, pulmonary	37	31	5	81	62	57	19	175	42	42	8	98	24	14	11	85	33	32	5	73	313	12,793	11,980	1,680	30,101	56,554			
Tubercular meningitis	-	-	1	6	8	58	60	-	-	6	3	8	51	55	-	-	1	3	-	132	50	55	481	634	1,220				
Tubercular bones and joints	-	-	1	-	-	1	3	-	-	1	2	-	-	-	1	-	-	-	-	-	1	4	-	1	157	158			
Tubercular glands	-	-	1	-	-	-	1	-	-	1	1	-	-	-	-	-	-	-	-	-	1	-	-	287	72	359			
Tuberculosis, miliary	-	-	-	-	8	5	-	-	1	-	-	-	-	7	5	-	-	-	-	-	13	-	-	167	104	271			
Tuberculosis, abdominal	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	173	-	173			
Dual cases (excluded from above)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Scarlet fever and diphtheria	-	-	-	-	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	-	-	35	-	35		
Scarlet fever and chicken-pox	-	-	-	-	-	2	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	2	-	-	93	-	93		
Diphtheria and chicken-pox	-	-	-	-	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	-	-	40	-	40		
Puerperal fever and acute primary pneumonia	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	-	-	24	-	24		
Whooping cough and rheumatic fever	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	-	-	52	-	52		
Tuberculosis, pulmonary and acute anterior poliomyelitis	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	-	-	39	-	39		
Tuberculosis, pulmonary and bones and joints	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	-	-	177	-	177		
Tuberculosis, miliary and generalised	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	-	-	365	-	365		
Tuberculosis, pulmonary and whooping cough	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	-	-	65	-	65		
Venereal Diseases :	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	260	373	73	1,570	2,236	4,252		
Syphilis	9	10	33	3	86	138	32	3	85	138	1	-	6	1	-	-	4	9	-	-	260	373	73	1,570	2,236	4,252			
Gonorrhoea	1	-	16	6	5	4	16	5	5	4	10	4	-	3	10	-	-	-	-	32	81	54	72	59	266				
Syphilis and gonorrhoea	-	-	4																										

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TABLE 3.—CASES TREATED IN RENTZKIE'S FARM HOSPITAL FOR THE PERIOD 1ST JULY, 1944 TO 30TH JUNE, 1945

Diseases (ultimate diagnosis).	Under treatment, July 1st, 1944.						Admitted.						Discharged.						Died.						Under treatment, June 30th, 1945.					
	E.			O.			E.			O.			E.			O.			E.			O.			M.			F.		
	M.	F.	M.	M.	F.	M.	M.	F.	M.	M.	F.	M.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Small-pox	
Tuberculosis, pulmonary	
Tubercular bones and joints	
Acute primary pneumonia..	
Syphilis	
Mumps	
Chicken-pox	
Pericardial effusion	
Endocarditis, subacute bacterial	
Vitamin deficiency	
Small-pox contact	
No apparent disease	
Totals	

TABLE 4.

Wards, etc.	Under treatment, July 1st, 1944.						Admitted.						Discharged.						Died.						Under treatment, June 30th, 1945.					
	E.			O.			E.			O.			E.			O.			E.			O.			M.			F.		
	M.	F.	M.	M.	F.	M.	M.	F.	M.	M.	F.	M.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1. Sea Point	
2. Harbour	
3. West Central	
4. Kloof	
5. Park	
6. East Central	
7. Castle	
8. Woodstock	
9. Salt River	
10. Mowbray	
11. Maitland	
12. Rondebosch	
13. Claremont	
14. Kalk Bay	
15. Wynberg	
Not allocated	
Langa Township	
From outside the Municipality ..	..</td																												

RENTZKIE'S FARM HOSPITAL, KOEBERG ROAD.

This estate of the City Council includes :—

- (1) An isolation hospital built by the City Council for smallpox or other formidable epidemic disease, comprising a brick-built block accommodating 12 patients, and an old wood-and-iron building intended for 32 patients.
- (2) An isolation hospital and quarantine station built in 1923 by the Union Health Department for use in connection with port health administration and for other purposes, which provides accommodation for 52 patients and 87 contacts, in addition to an older wood-and-iron emergency block for 24 patients.
- (3) An extension of the Union Health Department buildings, completed 1st October, 1942, and consisting of three 34-bed ward-pavilions for tuberculosis cases, primarily for non-European ex-military cases, a hospital kitchen with stores, a residence accommodating 21 nurses, and a servants' residence accommodating 10 servants.

The whole institution, including all three sections, is administered by the City Health Department under the same Medical Superintendent and Matron as the City Hospital, Portswood Road. The City Council has the right to the use of the buildings under (2) and (3) unless they are required for Government patients.

At 30th June, 1944, the three new pavilions under (3) and three blocks under (2) were occupied by non-European male cases of pulmonary tuberculosis, including some ex-military patients. Two other blocks under (2) were occupied by native nurses on the staff. Under (3) the new nurses' residence was occupied by the European nursing staff, and the new servants' residence and hospital kitchen were in use.

Details in regard to cases treated (and contacts sheltered) are shown in Table 3 and Table 4 (on page 37).

LANGA NATIVE HOSPITAL.

At Langa Township the native residents are provided with free medical attention at a hospital of 24 beds and out-patient department, and are visited in their own homes by a nurse or medical officer if required. They are also provided, on the same lines as the rest of the Municipality, with infant consultations, pre-natal, dental, tuberculosis, and V.D. clinics, and health visiting. A new out-patient department and clinic was brought into use in October, 1940.

An external municipal midwifery service is provided for the Township women in their own homes. The confinement fee is 11s.

The activities of the hospital and clinics for the year under report are shown by the following figures :—

Daily mean number of in-patients	..	..	..	..	17·88
In-patients admitted	..	..	..	..	417
New out-patients	..	..	..	..	3,754
Attendances by out-patients	..	..	..	..	21,030
Visits to patients at their homes by—					
Doctor	..	..	..	..	1,387
Nurse	..	..	..	..	650
Midwifery service—					
Confinements attended (extern)	..	..	..	..	203
Visits made by midwife	..	..	..	..	3,471
Pre-natal clinic—					
New cases	..	..	..	..	326
Total attendances	..	..	..	..	1,787
Infant consultations—					
New cases	..	..	..	..	309
Total attendances	..	..	..	..	4,092
V.D. clinic—					
New cases	..	..	..	..	78
Total attendances	..	..	..	..	1,369
Tuberculosis clinic—					
New cases	..	..	..	..	116
Total attendances	..	..	..	..	183
Dental clinic—					
New cases	..	..	..	..	463
Total attendances	..	..	..	..	594

The diagnosis in in-patients was as follows :—

Enteric fever	..	..	2	Other diseases of nervous system	..	6
Cerebrospinal fever	..	..	1	Diseases of heart	..	7
Whooping cough	..	..	3	Other diseases of circulation	..	1
Diphtheria	..	..	1	Bronchitis and pneumonia	..	45
Tuberculosis, pulmonary	..	..	45	Pleurisy	..	5
Tuberculosis, other forms	..	..	6	Asthma	..	5
Septic infection	..	..	16	Tonsillitis	..	3
Erysipelas	..	..	1	Diseases of stomach	..	1
Encephalitis	..	..	1	Diarrhoea and enteritis	..	20
Dysentery	..	..	3	Other diseases of digestive system	..	2
Syphilis	..	..	1	Diseases of male generative organs	..	1
Influenza	..	..	13	Diseases of female generative organs	..	5
Measles	..	..	1	Abortion and miscarriage	..	7
Chicken-pox	..	..	1	Diseases of pregnancy and parturition	..	7
Mumps	..	..	1	Disease of skin and cellular tissue	..	2
Worms	..	..	4	Diseases of bones and joints	..	2
Jaundice	..	..	1	Prematurity	..	3
Cancer	..	..	1	Other diseases of infancy	..	5
Rheumatic fever	..	..	7	Old age	..	1
Rheumatism	..	..	7	Injuries from accident or violence	..	61
Pyrexia of unknown origin	..	..	2	Malnutrition (over 1 year old)	..	1
Nephritis	..	..	1	Admitted after operation	..	5
Alcoholism	..	..	5	Diagnosis doubtful or indefinite	..	100
Apoplexy	..	..	2	Admitted with mother or infant	..	9
Diseases of eye	3	Born in hospital	..	1
Sunstroke	1			
						430

REPORT OF THE MEDICAL OFFICER OF HEALTH.

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The home address of the in-patients were as follows :—

Langa Native Township	374
Elsewhere in Cape Town Municipality	47
Extra-municipal	9

The following patients were Workmen's Compensation Act cases :—

In-patients	9
Out-patients	270

CLEANSING STATION.

The Cleansing Station, at 116, Aspelng Street, Cape Town, is provided for the disinfection of verminous persons and their clothing. It is in the charge of a superintendent, who works under the supervision of a medical officer, and has two non-European assistants. The work consists mainly of the treatment of scabies, which is more prominent in Cape Town than pediculosis.

The attendances in the year under report were as follows :—

Persons.	First attendances.				Total attendances.			
	Scabies.	Body Lice.	Head Lice only.	Total.	Scabies.	Body Lice.	Head Lice only.	Total.
<i>Children under 16 years of age :</i>								
European boys	160	—	3	163	443	1	3	447
European girls	180	—	14	194	521	1	15	537
Non-European boys	914	—	36	950	2,600	2	46	2,648
Non-European girls	1,061	1	128	1,190	2,613	3	177	2,793
Total children	2,315	1	181	2,497	6,177	7	241	6,425
<i>Adults :</i>								
European males	63	41	—	104	122	42	—	164
European females	109	—	6	115	256	—	11	267
Non-European males	253	4	2	259	675	6	2	683
Non-European females	487	2	14	503	1,087	2	19	1,108
Total adults	912	47	22	981	2,140	50	32	2,222
<i>Total Persons :</i>								
European	512	41	23	576	1,342	44	29	1,415
Non-European	2,715	7	180	2,902	6,975	13	244	7,232
All Races	3,227	48	203	3,478	8,317	57	273	8,647

N.B.—Some of the cases of scabies were infested also with lice.

AMBULANCE AND DISINFECTING STATION.

This is situated in the grounds of the City Hospital, Portswood Road. There is garage accommodation, in which are housed (besides other departmental cars) three ambulances for the removal of cases of infectious disease, two vans for the transport of infectious and disinfected bedding, and one van for the distribution of supplies to the municipal hospitals and clinics.

The disinfecting station has been rebuilt with the hospital laundry. The new station contains two Washington-Lyon pressure steam disinfectors and a formalin fumigating chamber.

The ambulance and disinfecting service is staffed by two removal officers, three motor drivers and two labourers. This staff is also responsible for the disinfecting of houses and other premises for infectious diseases and other conditions. A mechanic, assisted by a boiler attendant and labourer, is in charge of the disinfecting station, and supervises the machinery of the hospital laundry. The disinfection of bedding, etc., for both the hospitals is also done at the disinfecting station.

The work done during the year by the ambulance and disinfecting service is indicated by the following figures :—

Ambulance journeys (return).		Premises disinfected.	
To City Hospital.	To other hospitals or premises.	For tuberculosis.	For other infectious diseases.
2,131	273	1,121	1,352

The distance covered during the year by the vans and ambulances was 57,054 miles.

SECTION VI.—TUBERCULOSIS.

(TUBERCULOSIS OFFICER: DR. W. L. HOOLE.)

The new cases of this disease reported in the year 1944-45, corrected for misdiagnosis and imported cases, numbered 2,017. They are classified in the following table, where the corresponding rates per 1,000 population are shown:—

Race.	Sex.	Notified cases.			Incidence rates.		
		Pulmonary.	Other forms.	All forms.	Pulmonary.	Other forms.	All forms.
European	Male	120	13	133	1·63	0·18	1·81
	Female	82	16	98	0·94	0·18	1·12
	Total	202	29	231	1·26	0·18	1·44
Non-European ..	Male	872	152	1,024	10·23	1·78	12·01
	Female	619	143	762	6·95	1·61	8·56
	Total	1,491	295	1,786	8·56	1·69	10·25
All Races	Male	992	165	1,157	6·25	1·04	7·29
	Female	701	159	860	3·98	0·90	4·88
	Total	1,693	324	2,017	5·06	0·96	6·02

The deaths from tuberculosis and the corresponding death rates are shown in the next table:—

Race.	Sex.	Deaths.			Death rates.		
		Pulmonary.	Other forms.	All forms.	Pulmonary.	Other forms.	All forms.
*European	Male	72	11	83	0·98	0·15	1·13
	Female	40	9	49	0·46	0·10	0·56
	Total	112	20	132	0·70	0·12	0·82
Native (not Langa) ..	Male	72	16	88	8·43	1·87	10·30
	Female	24	6	30	7·27	1·82	9·09
	Total	96	22	118	8·11	1·86	9·97
Asiatic	Male	9	3	12	3·11	1·03	4·14
	Female	1	1	2	0·80	0·80	1·60
	Total	10	4	14	2·42	0·96	3·38
Other Coloured ..	Male	379	79	458	5·14	1·07	6·21
	Female	309	89	398	3·67	1·06	4·73
	Total	688	168	856	4·36	1·06	5·42
Non-European ..	Male	460	98	558	5·41	1·15	6·56
	Female	334	96	430	3·76	1·08	4·84
	Total	794	194	988	4·57	1·12	5·69
All Races	Male	530	108	638	3·35	0·68	4·03
	Female	371	105	476	2·11	0·60	2·71
	Total	901	213	1,114	2·70	0·64	3·34
Natives (Langa) ..	Male	20	6	26	3·63	1·09	4·72
	Female	19	5	24	8·21	2·15	10·36
	Total	39	11	50	4·99	1·40	6·39

* Corrected for outward and inward transfers. All other figures corrected for outward transfers only.

The incidence rates of pulmonary tuberculosis amongst non-Europeans for the years 1940-41 to 1944-45, are set out below:—

Year.	No. of cases notified.	Incidence rate.	Gross change from preceding year.
1940-41	883	5·60
1941-42	1,072	6·63
1942-43	1,233	+189
1943-44	1,706	7·44
1944-45	1,491	+473
			-215

No encouragement can be derived from the decrease in the notifications of non-European pulmonary cases : it is explained by the inclusion in the preceding year of accumulated unnotified cases from the district of Windermere, which was added to the Municipal area on 1st May, 1943, and which was mainly inhabited by the very poor. Fifty-seven non-European pulmonary cases were officially handed over with the acquisition of Windermere : on 30th June, 1945, the official census of pulmonary cases known to be alive in this area numbered 183. This does not represent a real increase, it merely results from the application of the established case-finding scheme operative in the municipal area.

Incidence rates of pulmonary tuberculosis amongst European males and females for the years 1940-41 to 1944-45, are set out below :—

Year.		Males.	Females.
1940-41	.. .. .. .. .. ..	1.02	0.88
1941-42	.. .. .. .. .. ..	1.39	0.96
1942-43	.. .. .. .. .. ..	1.42	1.02
1943-44	.. .. .. .. .. ..	1.57	1.24
1944-45	.. .. .. .. .. ..	1.63	0.94

The incidence rates of pulmonary tuberculosis amongst European men is strikingly disproportionate to that of European women. For men it has steadily increased since 1940, whilst for women the present figure is the lowest since 1940.

The tuberculosis mortality rate is accepted as an indication of socio-economic conditions. Cape Town has provided a rate which for the last five years has averaged 326 per 100,000 of the population. In a recent review of the pre-war distribution of tuberculosis throughout the world rates of 150 or over were classified as high : for comparison, the highest urban rates mentioned are given below :—

Santiago	.. .. .. .. .. ..	453
Durban	.. .. .. .. .. ..	310
Rangoon	.. .. .. .. .. ..	300
Panama City	.. .. .. .. .. ..	247
Aden	.. .. .. .. .. ..	291
Colombo	.. .. .. .. .. ..	197
Baghdad	.. .. .. .. .. ..	113

The implication is clear : unless increased facilities are provided tuberculosis will for many years continue to mar communal life and impede civic progress behind the facade of the new Cape Town.

Although all features of the modern attack against tuberculosis are represented in the Cape Town scheme, they exist only in miniature.

There has been no material improvement in the incidence rates, and the survival rates are disappointing. It is clear therefore that a re-orientation is necessary in an endeavour to make better use of the restricted field-work and of the limited hospital accommodation.

We propose in the future (1) to reduce the long clinic sessions largely devoted to unconstructive reviews of domiciliary cases and to the examination of contact-children, and to concentrate on the miniature radiography of new groups and the investigation of suspect cases selected therefrom ; (2) to give priority of admission to all constructive cases apparently suitable for active treatment in order to make proper use of the excellent clinical facilities in hospital, and to attempt to cater for the sick and infectious person in his own home by the supervision of the health visitors and by such isolation as is possible.

Before any improvement in the tuberculosis situation can be expected, the following specific measures are essential :—

- (1) Civic goodwill and energy.
- (2) Early detection by radiography.
- (3) Adequate aid to dependents.
- (4) Increased hospital and sanatorium accommodation.
- (5) Improved notification.
- (6) B.C.G. vaccination.
- (7) Application of tuberculin tests to children by private practitioners, school and child welfare medical officers.
- (8) Re-ablement of the quiescent and recovered case.
- (9) Pasteurization of milk.

This will cost money but the enlightened view is that we cannot afford not to spend it.

The success of a mass radiography service will undoubtedly be jeopardized by the lack of (1) adequate aid to dependents, and (2) re-assurance of re-employment.

Aid to dependents must be (a) immediate, (b) adequate, and (c) conditional. It is best administered through the agency of care committees. The recently introduced Disability Grants fulfil none of these conditions, and are of little value to the Tuberculosis Officer.

The need for methodical propaganda is realised and the anti-tuberculosis section is keenly aware of the valuable help given by the press and the S.A. Broadcasting Corporation. Thanks are also due to the Red Cross Society, who published and circularised leaflets in association with the Cape Province Tuberculosis Council.

However, the repeated emphasis with which a leading medical journalist minimises the danger of exposure to infectious cases by quoting a European authority is to be deplored. All local clinical experience demonstrates that exposure to infection amongst the non-Europeans is one of the main causes of the permanently high incidence of tuberculosis in Cape Town.

The tuberculosis death rate in non-Europeans was 7.2 times as great as in Europeans (corrected for outward transfers). The ratio was 6.9 for Coloured, 12.6 for Natives (not Langa) and 4.3 for Asiatics.

In Europeans the tuberculosis death rate amongst males was 2.1 times as great as amongst females. In non-Europeans the ratio was 1.4 and there are interesting contrasts in the sex-mortality in the different non-European races, especially the reverse ratio in Natives, in the Langa Native Township.

This may be partially explained by the greater exodus of sick men, who, by their sovereignty in the home and by the aid of the Department of Native Affairs, have less difficulty in following the harmful condition of going up-country in the hope of recovery. In the absence of a system by which the death rates can be corrected for inward transfers, the deaths of many emigrating non-Europeans year after year are not officially acknowledged by Cape Town; i.e., the position is even worse than is indicated by the figures published.

The age distribution of the deaths is shown in Table A, on page 70. From tuberculosis of the respiratory system 97·2 per cent. of the European deaths and 77·7 per cent. of the non-European deaths were in persons over 15 years old. From other forms of tuberculosis 8 of the 19 European deaths and 69 per cent. of the non-European deaths were in children under 5 years old (and 81 per cent. of the non-European deaths were in children under 10 years old).

The notification of cases of non-pulmonary tuberculosis during the year under review, corrected for imported cases and errors of diagnosis, are classified below according to the parts of the body affected:

	European.	Non-European.		Total.
		Male.	Female.	
Meninges	6	5	69	78
Abdominal*	2	2	10	10
Bones and joints	4	6	29	24
Glands	1	1	13	10
Genito-urinary system..	—	—	3	—
Disseminated	—	2	28	21
Total	13	16	152	143
				324

* Includes tabes mesenterica and tuberculosis of bowels, peritoneum and abdominal or mesenteric glands.

The deaths from non-pulmonary tuberculosis registered during the year (corrected for outward transfers) are similarly classified below according to death certification:—

	European.	Non-European.		Total.
		Male.	Female.	
Tuberculosis, meningeal	7	7	64	63
" abdominal	2	1	7	6
" of bones and joints	—	—	2	1
" of lymphatic system	—	—	2	1
" of genito-urinary system	—	—	1	1
" of other organs.. ..	—	—	1	—
" disseminated	1	1	21	24
Total	10	9	98	96
				213

The death rates from tuberculosis corrected for outward transfers, are shown for 37 years in the following table:—

		Death rate per 1,000 population.		
		European.	Non-	All Races.
			European.	
2·8 years ended 30th June, 1916	.. .. ..	1·04	4·69	2·82
5 " " " 1921	.. .. ..	0·88	4·47	2·53
5 " " " 1926	.. .. ..	0·79	4·09	2·28
5 " " " 1931	.. .. ..	0·74	4·75	2·62
5 " " " 1936	.. .. ..	0·84	4·99	2·82
5 " " " 1941	.. .. ..	0·74	4·42	2·55
1 year ended 30th June, 1937	.. .. ..	0·55	4·19	2·31
1 " " " 1938	.. .. ..	0·86	4·76	2·75
1 " " " 1939	.. .. ..	0·79	4·77	2·75
1 " " " 1940	.. .. ..	0·72	4·25	2·48
1 " " " 1941	.. .. ..	0·77	4·15	2·47
1 " " " 1942	.. .. ..	0·74	5·41	3·11
1 " " " 1943	.. .. ..	0·70	6·12	3·47
1 " " " 1944	.. .. ..	0·77	6·46	3·70
1 " " " 1945	.. .. ..	0·79	5·69	3·34

Other particulars will be found in Tables A to D, on pages 70 to 102, G to J, on pages 105 to 108, M to S, on pages 111 to 117.

PROVISION OF TREATMENT.

The in-patient accommodation available for cases of pulmonary tuberculosis includes the following (30th June, 1945) :—

At the City Hospital, Portswood Road, 66 beds for Europeans and 100 for non-European females.

At Rentzkie's Farm Hospital, 175 beds for non-European males.

At Nelspoort Sanatorium, a varying number. During the year 1944-45, the average daily number of Cape Town cases at the Sanatorium was 27 Europeans and 34 non-Europeans.

At the Native Hospital, Langa, a varying number. During the year 1944-45, the average daily number of cases was 4·7 (all Natives).

The Duinendal Settlement was closed on 31st January, 1945.

The Sunshine Home for Children, Bellville, a holiday home for children in a depressed state of health, especially tuberculosis contacts, provides accommodation for 60 Europeans and 42 non-Europeans. During the year, 115 children (71 European and 44 non-European), were admitted; average length of stay was 127 days for Europeans and 150 days for non-Europeans.

The same class of case is admitted to the Eaton and McGregor Convalescent Homes of the Cape Hospital Board. During the year the following cases were admitted to these Homes from the tuberculosis clinic :—

					No. Average length of stay
McGregor Home :					
European children	..	..	..	..	11 26 days
Eaton Home :					
Coloured children	..	..	..	..	51 22 "
Coloured adults	..	..	..	..	22 18 "
European adults	..	..	..	..	1 18 "

Provision for surgical cases of tuberculosis is made in the hospitals of the Cape Hospital Board, the Maitland Cottage Homes and St. Joseph's Home, Philippi.

Particulars of the clinic centres for tuberculosis maintained by the City Health Department are given below.

Part of the approved municipal expenditure on these services is repaid to the City Council by the Union Health Department and the Provincial Administration. The three new ward-pavilions (102 beds) at Rentzkie's Farm Hospital opened on 1st October, 1942, were provided by the Union Health Department without any capital cost to the Council.

The anti-tuberculosis branch of the City Health Department is under the direction of a full-time tuberculosis officer, whose office, with that of his administrative staff and the tuberculosis health visitors, and the case-worker of the Tuberculosis Care Committee, is at the clinic centre at Chapel Street, Cape Town.

The X-ray examinations of patients from the clinics are made at the City Hospital, Portswood Road. Here the Medical Superintendent (Dr. J. F. Wicht) also conducts a clinic for special cases, particularly those who have undergone artificial pneumothorax as in-patients at the City Hospitals or Nelspoort Sanatorium and require periodical refills. The work of this clinic is recorded at page 33, and is not included in the figures given in the following section.

ANTI-TUBERCULOSIS CENTRES.

The central clinic building at Chapel Street, Cape Town, near the boundary between Central Cape Town and Woodstock, was brought into use on 3rd January, 1941. It comprises a waiting-room, interviewing room and dispensary, and Care Committee room; an administrative wing, including the Tuberculosis Officer's office, clerical and records office, health visitors' office, staff room and kitchen; and a clinical wing, including 3 clinical rooms, dental room, recovery room, dark rooms, dressing cubicles, X-ray room, developing room, laboratory and other offices.

There is a second special tuberculosis clinic building at Church Street, Wynberg, and tuberculosis clinic sessions are also held at the general clinics at Langa Native Township and Windermere.

The weekly sessions number 7½, viz., 3 at Cape Town (for Europeans, non-European males and non-European females), 3 at Wynberg (for Europeans, non-European males and non-European females), 1 at Windermere (for non-Europeans), and 1 twice a month at Langa (for Natives). They are all held at 2 p.m., except the Windermere session, which is at 10 a.m. Two weekly sessions are conducted by part-time consultants and the others by the Tuberculosis Officer, who also sees patients by private appointment with the medical practitioner, health visitor, employer or teacher.

During the year there were 11,746 attendances at the clinics, and 3,265 persons attended for the first time; the details are shown in the following table :—

		1944-45.		1943-44.	
		New cases.	Total attendances.	New cases.	Total attendances.
<i>Cape Town :</i>					
European : Males	.. .. ..	270	1,061	287	1,194
Females	.. .. ..	253	865	290	1,022
Non-Eur. : Males	.. .. ..	765	2,892	915	3,267
Females	.. .. ..	681	2,584	872	2,971
	Total	1,969	7,402	2,364	8,454
<i>Wynberg :</i>					
European : Males	.. .. ..	37	282	76	250
Females	.. .. ..	68	377	109	357
Non-Eur. : Males	.. .. ..	335	1,096	357	949
Females	.. .. ..	440	1,312	393	1,149
	Total	880	3,067	935	2,705
<i>Langa :</i>					
Native : Males	.. .. ..	55	95	37	60
Females	.. .. ..	61	88	37	64
	Total	116	183	74	124
<i>Windermere :</i>					
Non-Eur. : Males	.. .. ..	141	489	132	247
Females	.. .. ..	159	605	168	330
	Total	300	1,094	300	577

The European attendances decreased by 238 and the non-European increased by 124. The European "new cases" decreased by 134 and the non-European decreased by 274.

The total number of medical sessions was 382; 1,445 of the attendances were made outside session hours.

As the main object is diagnosis, the aim is to restrict attendances of those already passed as non-tuberculous and to increase the number of first attendances ("new cases") in search for early or unrecognised disease.

The new cases attending the clinics during the year under report are classified in the following table:—

Persons attending for first time	Europeans.						Non-Europeans.						Total.	
	Adults.		Children.		Total.	Adults.		Children.		Total.				
	M.	F.	M.	F.		M.	F.	M.	F.		M.	F.		
Notified:														
Accepted ..	57	30	1	1	89	252	127	55	63	497	586			
Observation ..	3	1	1	—	5	12	11	8	9	40	45			
Not accepted ..	2	1	—	—	3	25	28	8	4	65	68			
	62	32	2	1	97	289	166	71	76	602	699			
Suspects:														
Notified ..	23	15	2	—	40	165	91	18	28	302	342			
Observation ..	30	33	7	6	76	110	93	44	61	308	384			
Non-tuberculous	64	68	25	22	179	194	219	62	79	554	733			
	117	116	34	28	295	469	403	124	168	1,164	1,459			
Contacts:														
Notified ..	1	4	2	2	9	7	17	17	27	68	77			
Observation ..	1	11	20	17	49	26	35	71	85	217	266			
Non-tuberculous	28	51	40	59	178	66	162	156	202	586	764			
	30	66	62	78	236	99	214	244	314	871	1,107			
Total ..	209	214	98	107	628	857	783	439	558	2,637	3,265			

NOTIFIED CASES.

Of the 699 cases who presented themselves for examination as the result of notification 68 (10 per cent.) were found to be non-tuberculous.

SUSPECTS.

The number of suspects examined has more than doubled during the last five years.

CONTACTS.

At present, contacts in the most susceptible age-group are not being examined in sufficient number, nor are the many child-contacts being examined in comprehensive manner owing to the absence of X-ray facilities at the clinics.

1,107 contacts examined represent 99 per 100 deaths, as compared with the pre-war figure of 178 in England.

Tuberculous Meningitis.—In the 158 local cases of this condition notified during the year an open case of pulmonary tuberculosis was known or found to have been living in contact with the deceased in 50 (i.e., 31·6 per cent.). The infecting agents were mainly father (15), mother (9), brother (2), sister (2) and relatives and friends (22).

Laboratory Examinations.—The anti-tuberculosis section wishes to acknowledge the accuracy and promptitude with which the Union Health Department provides this service free of cost.

NOTIFICATION.

The sources of the notifications received during the year under report (including imported infections, i.e., those now resident in the Cape Town municipal area and known to have contracted the disease before arrival) were as follows:—

	Cape Town.	Langa.	Outside Cape Town cases.	Cases cancelled.	Total.
Private Practitioners	1,142	19	—	41	1,202
Consultants	8	—	15	—	23
	1,150	19	15	41	1,225
Groote Schuur Hospital	254	13	59	3	329
Cape Town Free Dispensary	58	—	—	2	60
Wynberg (Victoria) Hospital	25	1	11	—	37
Woodstock Hospital	19	—	1	—	20
Valkenberg Mental Hospital	29	—	1	—	30
Maitland Cottage Homes	—	—	4	—	4
Somerset Hospital	88	8	27	1	124
Other hospitals and institutions	24	2	8	—	34
	497	24	111	6	638
City Health Department :					
Anti-tuberculosis Centres	117	4	5	—	126
City Hospital	112	7	46	1	166
Langa Hospital	—	36	—	—	36
Medical Officer for poor relief	53	—	—	2	55
Other clinics	24	2	1	1	28
	306	49	52	4	411
Port Health Officer	2	—	1	—	3
Immigration Officer	8	—	—	—	8
	10	—	1	—	11
Magistrate, Police and District Surgeons :					
From public mortuaries	59	4	7	1	71
Transferred from other Local Authorities :					
Cape Divisional Council	—	—	51	2	53
Others	10	—	10	—	20
	10	—	61	2	73
South African Medical Corps	62	1	37	1	101
Total	2,094	97	284	55	2,530

It is apparent that notification is inadequate and in some cases unwarrantably delayed. Attention should be drawn to the footnote on every notification certificate stating that "all forms of tuberculosis are notifiable which are clinically recognisable apart from re-action to the tuberculin test". No surgeon has notified a case of ischio-rectal abscess, which is pathognomonic of tuberculosis; some of these cases reached us months later with established disease in the lungs. No tuberculosis of the eye or the skin has been notified; in children these are often valuable diagnostic signals of recent tubercular infection, and a regime of good hygiene and good nutrition for six months would diminish the chances of the development of tuberculous meningitis and crippling bone disease.

The ideal is to examine every notified case. An arbitrary analysis of the primary notifications (uncorrected) shows the degree and reasons of failure :—

	Local.	Outside Cape Town cases.	Total.
Attended clinic	1,027	30	1,057
Failed to attend	1,215	258	1,473
Total	2,242	288	2,530
Failure to attend clinic:			
In hospital	409	212	621
Too ill	197	—	197
Died before notification	180	17	197
First advice through death returns	167	14	181
Refusals	151	—	151
Under private care	18	15	33
Untraceable	33	—	33
Moved out of area on notification	60	—	60
Total	1,215	258	1,473

(Only 46 per cent of local notifications attended clinic.)

The visits made by the tuberculosis health visitors were 2,223 (primary) and 17,115 (total), as compared with 2,492 and 14,621 in the previous year.

The City Council provides bread and milk as additional nourishment for indigent cases of tuberculosis. The ordinary daily allowance for a patient is 1 lb. bread and 1 pint milk. 127 new cases were put on this allowance during the year, and the cost of the supplies was £2,373 5s. 2d.

HOSPITALIZATION.

There is much to be learnt from the table below. The number of patients admitted to hospital in Cape Town from outside the municipal area is a measure of the deficient services in the country areas, and a tribute to the up-to-date treatment in the City Hospital, and the generously broad view that the Department adopts towards those in need of treatment and unable to secure it elsewhere.

Less than a third of the new cases were admitted to hospital: in those countries which have tackled their tuberculosis problem successfully there is now often a ratio of three beds available to every newly notified case.

The most discouraging feature is the large number who are only notified after death. Often these patients have not sought medical assistance owing to poverty and have failed to make use of the free services of the City Health Department who employ a Medical Officer particularly to deal with pauper cases. In addition to the 297 persons in this class, there are 328 who died within six months of notification. It can be assumed that nearly all had advanced disease when first notified: the delay is due to (1) the failure of the patient to attend the doctor when symptoms of ill-health first arise and (2) the failure of the doctor to diagnose and/or to notify the case as tuberculous.

Few of these could have been saved by admission to hospital, but very considerable harm follows the failure to isolate them.

	Cape Town.		Langa.		Outside Cape Town cases.
	Local.	Imported infection.	Local.	Imported infection.	
New pulmonary cases notified during the year	1,693	73	79	4	200
Known to have had T.B. positive sputum	532	15	33	2	64
New pulmonary cases admitted to institutions for treatment of tuberculosis	546	19	38	3	140
Proportion of new cases admitted ..	32%		49%		70%
Died before receipt of notification ..	297	—	13	2	31
Died within 1 month of notification ..	78	1	16	1	
" 1 to 3 months of notification	130	3	8	—	
" 3 to 6 months of notification	120	3	2	—	
" 6 to 12 months of notification	110	1	1	—	

Outside Cape Town cases—Cases admitted to City Hospital or other hospital from outside the Municipal area.

The total number of Cape Town cases of pulmonary tuberculosis admitted to institutions during the year are as follows :—

	European.		Non-European.		Total.
	Males.	Females.	Males.	Females.	
City Hospital and Rentzkie's Farm ..	53	49	360	140	602
Nelspoort Sanatorium	28	34	46	32	140
Langa Hospital	—	—	22	23	45
Duinendal Settlement (closed 31st Jan., 1945)	11	—	—	—	11
Total	92	83	428	195	798

In the annual report ending on the 30th June, 1940, an attempt was made to assess the survival-rates of adult pulmonary cases after two years. For Europeans the rate was estimated as 43 per cent., and for non-Europeans as 15 per cent.

On the 30th June, 1945, the known survivors from all definite pulmonary cases notified during the twelve months ending on 30th June, 1940, were as follows :—

	Notified.	Known to be alive five years later.	Perecentage.
Europeans	151	46	30
Non-Europeans	771	42	5

The non-European survivors consisted of 22 men and 20 women, and of the men, 8 were ill at home or in hospital, 9 were unfit and only 5 were known to be working regularly.

TUBERCULOSIS REGISTER.

The total number of persons known by the Department to be suffering from tuberculosis and to be living in the Cape Town municipal area on 30th June, 1945, was :—

District (not wards).	Pulmonary.	Non-pulmonary (chiefly bones and joints).	Total.
Camps Bay—Sea Point—Harbour ..	275	55	330
Gardens, etc.	186	38	224
District Six	448	131	579
Woodstock—Salt River	556	86	642
Maitland—Athlone	329	113	442
Kensington—Windermere	224	43	267
Lansdowne—Clarendon	448	93	541
Wynberg—Clovelly	676	85	761
Total	3,142	644	3,786

3,142 is the minimal number of pulmonary cases. There are large numbers undiscovered, undiagnosed, unnotified or lost sight of and a considerable portion of these cases would be revealed by an efficient mass radiography service.

According to established standards, the number of deaths from tuberculosis represents an eighth of the total cases. In the year under report there were 1,114 deaths, and we can therefore assume that there are at least 9,000 tuberculous persons in this City.

NELSPoORT SANATORIUM.

The Nelspoort Sanatorium is on the Karoo at an elevation of about 3,260 ft. above sea level, and on the main railway line at a distance of 371 miles from Cape Town. It is a Union Government institution and there is an advisory committee, which includes the Mayor, the Town Clerk and the Medical Officer of Health of Cape Town. Paying patients are received at a charge of 15s. a day. Part-paying and free patients are received on the application of local authorities on the basis of 14s. a day for European patients, and 10s. for non-Europeans. The cost, after deducting part-payments made by patients, is met as to 87½ per cent. by the Union Government, and the Provincial Administration, and as to 12½ per cent. by the local authority concerned. During the year ended 30th June, 1945, there were 140 admissions of Cape Town municipal patients. Of these admissions 16 were of patients who had had a previous period of treatment in the institution, the number of new cases being 124.

Five of the patients admitted were part-paying and 135 free.

The monthly average number of Cape Town municipal patients in the Sanatorium during the year 1944-45, was 63 (Europeans 28, non-Europeans 35).

The selection of municipal cases for admission to Nelspoort Sanatorium is made, as to clinic patients by the Tuberculosis Officer, and as to in-patients at the City Hospitals by the Medical Superintendent of Hospitals.

The cases admitted to Nelspoort are classified below according to the stage of the disease :—

	I.	II.	III.	Total.
European : Male	7	12	9	28
Female	11	18	5	34
Non-European : Male	9	26	11	46
Female	10	15	7	32
All races	37	71	32	140

CARE COMMITTEE FOR TUBERCULOSIS PATIENTS.

The voluntary Care Committee works in close co-operation with the City Health Department. Office and storage accommodation is provided at the municipal anti-tuberculosis centre, and the salary and motor car allowance of the almoner employed by the Committee are paid by the City Council. Other funds are provided by the King George V Silver Jubilee Fund and the Community Chest.

The work done is indicated by the following statistics :—

	Calendar Year 1945.	
	Eur.	Non-Eur.
Families helped by payment of rent	23	56
,, ,, maintenance grants	9	18
,, ,, rent and maintenance grants	2	19
,, ,, payment of foster-mother	—	1
,, ,, provision of clothing and blankets	123	
No. of articles of clothing distributed	482	
,, ,, blankets distributed	22	
Almoner :		
Visits paid	1,211	
Interviews given	563	
New cases handled	159	

Of the above disbursements from 1st January to 31st December, 1945, the Community Chest paid the rent for 65 families, maintenance grants for 27, rent and maintenance for 14 and the payment of foster-mothers for 1 ; the Silver Jubilee Fund paid the rent for 14 families, and rent and maintenance for 7.

As from 1st March, 1940, the City Health Department undertook the payment of rent for the families of tuberculous patients who would otherwise have been in distress owing to the breadwinner being in an institution or unable to work. During the year ended 30th June, 1945, 44 families (European 5, non-European 39), were assisted in this way, the expenditure amounting to £855 0s. 8d.

SECTION VII.—VENEREAL DISEASES.

(VENEREAL DISEASE OFFICER : DR. C. K. O'MALLEY, M.C.)

INCIDENCE RATE.

The apparent incidence rate of venereal disease during the year ended 30th June, 1945, was 13·2 per 1,000 population. A total of 4,685 new cases registered at the various municipal treatment centres throughout the Municipality. The following table gives an analysis of these new cases classified according to race, sex and disease :—

TABLE I.—CLASSIFICATION OF NEW CASES OF V.D. ACCORDING TO RACE, SEX, AGE, AND INCIDENCE RATE PER 1,000 POPULATION.

	New cases registered.	Rate per 1,000 population.
<i>Race :</i>		
European ..	580	3·6
Non-European ..	4,105	21·0
<i>Sex :</i>		
Male ..	2,405	14·7*
Female ..	2,280	12·8*
<i>Disease :</i>		
Syphilis ..	2,651	7·5
Gonorrhoea ..	873	2·5
Other venereal diseases ..	67	0·2
Non-venereal diseases ..	477	1·3
Undiagnosed ..	617	1·7
All new cases ..	4,685	13·2

* This rate is exclusive of Windermere population, where figures as to sex are not available.

The disparity between the number of non-Europeans and Europeans and the predominance of syphilis over all other diseases are outstanding features of the table. It should be noted, however, that almost 10 per cent. of the new cases presenting themselves for examination were found to be free from any venereal disease, and a further 617 of the 4,685 new cases were not classified as venereal at the end of the year.

The incidence rate, therefore, arrived at by omitting the non-venereal and the undiagnosed cases is 10·1 per 1,000 of the population.

That this rate has undergone very little change is shown by Table II, which gives the figures for the last ten years. It reveals a lamentable state of affairs, considering the availability of free medical services, and the efforts that have been made, through film propaganda, to bring home to the people the facts about venereal disease. The Health Department apparently plays the role of an ambulance service, merely bringing aid to the casualties, but accomplishing nothing to prevent or even mitigate the circumstances which cause them. It looks, indeed, as though these causes were outside the scope of its influence.

TABLE II.—INCIDENCE RATE OF VENEREAL DISEASE DURING THE ELEVEN-YEAR PERIOD 1935-1945.

Year ended 30th June.	Total new cases.	Population.	Rate per 1,000 population.
1935 ..	3,746	293,249	12·8
1936 ..	3,598	293,180	12·1
1937 ..	3,971	300,800	13·2
1938 ..	4,007	308,429	13·0
1939 ..	4,537	315,398	14·4
1940 ..	4,212	322,813	13·1
1941 ..	3,623	320,164	11·4
1942 ..	4,152	326,250	12·5
1943 ..	4,099	331,726	12·4
1944 ..	4,897	337,152	14·6
1945 ..	3,591*	356,940	10·1

* Excluding non-venereal and undiagnosed cases for the first time in this table.

ORGANISATION.

There are five centres, termed Municipal Treatment Centres, at which venereal diseases are treated, viz. :—

City Hospital ..	..	..	..	Portswood Road.
Salt River ..	..	..	..	Spencer Road.
Wynberg ..	..	..	..	Church Street.
Langa Native Township ..	..	..	..
Windermere ..	..	..	..	Third Street.

These are so situated as to meet the needs of the population in different areas of the Municipality.

The hospital accommodation is situated in the City Hospital for Infectious Diseases, in close proximity to the municipal treatment centre there.

The medical staff consists of two full-time medical officers, 5 full-time nurse-visitors, 4 full-time male nurses who perform technical duties at the out-patient sessions in addition to ward duties, and 2 full-time caretaker-assistants. Some of the sessions, of which there are 33 each week, are conducted by part-time medical practitioners.

The general directional control of the Venereal Disease Branch is carried out by the Venereal Disease Officer acting under the Medical Officer of Health.

During the year under review there were 74,761 attendances at the various treatment centres. Table III shows the number of new cases registering at each of these centres, together with the attendances at each centre during the year :—

TABLE III.—NUMBER OF NEW CASES OF V.D. AND ATTENDANCES CLASSIFIED ACCORDING TO THE LOCALITY OF MUNICIPAL TREATMENT CENTRES.

Treatment Centre.	New cases registered,					Total attendances at each centre.				
	European.		Non-Eur.		Total.	European.		Non-Eur.		Total.
	Male.	Fe-male.	Male.	Fe-male.		Male.	Fe-male.	Male.	Fe-male.	
City Hospital, Portswood										
Road	197	55	802	457	1,511	1,936	1,722	10,742	7,820	22,220
Salt River	216	49	644	643	1,552	3,644	1,220	13,372	11,094	29,330
Wynberg	34	23	345	396	798	722	1,225	5,357	6,209	13,513
Langa	—	—	36	40	76	—	—	364	1,005	1,369
Windermere	—	—	131	210	341	—	—	884	2,001	2,885
Pre-natal clinics	—	6	—	401	407	—	174	—	5,270	5,444
Total	447	133	1,958	2,147	4,685	6,302	4,341	30,719	33,399	74,761

This table clearly demonstrates that the centres situated in the City Hospital and at Salt River deal with the bulk of the work. In the case of the City Hospital this is all the more surprising since it is located in a relatively inaccessible spot.

In the two instances where venereal disease services are brought to the doorstep, in Windermere and Langa, the attendances are the lowest. Indeed, in the case of Langa a male session had to be abandoned, so poor was the response.

NEW CASES ANALYSED ACCORDING TO DIAGNOSIS.

The next table, sets out in detail an analysis of the 4,685 new cases who were registered at the various centres during the year under review. This includes 1,094 patients, 477 of whom were found not to have any venereal disease, and 617 in whom no diagnosis was made presumably because they defaulted before any conclusion could be reached regarding them. Actually, just over 10 per cent. of individuals who come for advice are found not to have any venereal infection.

The classification of new cases is made in accordance with the nomenclature devised by the Union Health Department :—

TABLE IV.—NEW CASES OF V.D. FOR THE YEAR ENDING 30th JUNE, 1945, CLASSIFIED ACCORDING TO DIAGNOSIS SEX AND RACE ; ATTENDANCES, OR CONSULTATIONS ARE GROUPED UNDER THE SAME HEADINGS.

Disease.	New cases.					Total attendances.				
	European.		Non-European.		Total.	European.		Non-European.		Total.
	Male.	Fe-male.	Male.	Fe-male.		Male.	Fe-male.	Male.	Fe-male.	
1. Seronegative primary syphilis	10	2	48	3	63	603	46	1,211	123	1,983
2. Seropositive primary syphilis	18	—	145	40	203	686	66	3,777	546	5,075
3. Secondary syph. ..	31	18	381	318	748	1,243	1,304	7,829	8,123	18,499
4. Tertiary syph (1) ..	12	3	47	99	161	485	403	1,467	2,194	4,549
5. Endosyphilis (2) ..	14	24	118	889	1,045	421	1,168	3,766	14,634	19,989
6. Neurosyphilis ..	8	4	19	4	35	431	135	868	166	1,600
7. Congenital syph. (under 1 year) ..	1	7	89	198	295	15	110	792	2,328	3,245
8. Congenital syph. (over 1 year) ..	1	4	31	65	101	184	341	1,354	2,755	4,634
Total syphilis ..	95	62	878	1,616	2,651	4,068	3,573	21,064	30,869	59,574
9. Gonorrhoea	191	27	528	103	849	1,592	511	7,086	816	10,005
10. Gonococcal vulvo-vaginitis	—	4	—	20	24	—	109	—	282	391
11. Gonococcal ophthalmia	—	—	—	—	—	—	—	8	9	17
Total gonorrhoeal infections ..	191	31	528	123	873	1,592	620	7,094	1,107	10,413
12. Ulcus molle	8	1	47	6	62	88	5	565	23	681
13. Lymphopathia venereum	—	—	2	—	2	—	—	—	3	3
14. Granuloma venereum	—	—	—	—	—	—	—	11	43	54
15. Venereal warts ..	—	—	2	1	3	—	—	48	4	52
16. Phagedaena	—	—	—	—	—	—	—	—	—	—
Total venereal diseases	294	94	1,457	1,746	3,591	5,748	4,198	28,782	32,049	70,777
17. Non-venereal disease	78	16	213	170	477	348	114	1,169	833	2,464
18. Undiagnosed ..	75	23	288	231	617	206	29	768	517	1,520
Grand total ..	447	133	1,958	2,147	4,685	6,302	4,341	30,719	33,399	74,761

(1) Clinically recognisable.

(2) Diagnosed on result of serological test alone.

The following facts, appearing in the table, are worthy of special notice :—

Syphilis accounts for more than 3 times as many cases as gonorrhoea.

There were only 62 cases of soft sore, uleus molle, 55 of which occurred in men.

Congenital syphilis, of which there were 396 cases, is, as might be expected, practically confined to the non-European section of the community. For each European child with congenital syphilis there were 29 non-Europeans.

Under endosyphilis 1,045 cases are recorded. The term is reserved for cases in whom the diagnosis of syphilis is established by serological tests only. This means that out of the total of 2,651 syphilis patients only 1,606 presented symptoms which were clinically recognisable. In the others it was discovered by a routine blood test at ante-natal clinics for example, in the case of females.

ADMISSIONS TO HOSPITAL.

Admission to hospital is mostly reserved for cases of venereal disease in a contagious, communicable form, or for cases suffering from toxic manifestations of treatment. Table V shows this clearly, where out of 339 cases admitted during the year 277 were adults suffering from early syphilis or gonorrhoea.

It is very difficult to prevail on male cases to come into hospital for even one week. This bare economic factor robs Penicillin of its great value in the treatment of syphilis. Indeed, it means that the ordinary working man cannot avail himself of any of the intensive forms of therapy for syphilis as they necessitate remaining under constant medical supervision.

TABLE V.—ADMISSION OF V.D. CASES TO HOSPITAL CLASSIFIED ACCORDING TO DIAGNOSIS, SEX AND RACE.

Disease.	European.		Non-European.		Total.
	Male.	Female.	Male.	Female.	
1. Seronegative primary syphilis	12	—	7	1	20
2. Seropositive primary syphilis	10	—	7	1	18
3. Secondary syphilis	11	2	58	126	197
4. Tertiary syphilis (1)	2	—	6	7	15
5. Endosyphilis (2)	—	—	3	2	5
6. Neurosyphilis	1	—	1	1	3
7. Congenital syphilis (under 1 year)	—	—	2	4	6
8. Congenital syphilis (over 1 year)	—	—	3	3	6
Total syphilis	36	2	87	145	270
9. Gonorrhoea	20	2	9	11	42
10. Gonococcal vulvovaginitis	—	4	—	3	7
11. Gonococcal ophthalmia	—	—	—	—	—
Total gonorrhoeal infections	20	6	9	14	49
12. Uleus molle	12	—	5	—	17
13. Lymphopathia venereum	—	—	2	—	2
14. Granuloma venereum	—	—	—	—	—
15. Venereal warts	—	—	—	—	—
16. Phagedaena	—	—	—	—	—
Total venereal disease	68	8	103	159	338
17. Non-venereal disease	5	—	2	10	17
18. Undiagnosed	—	—	—	—	—
Grand total	73	8	105	169	355

(The actual number of individuals was 339 as some patients had more than one disease.)

(1) Clinically recognisable.

(2) Diagnosed on result of serological test alone.

DEFALTERS.

Every effort is made to induce defaulting patients to continue with their treatment. In the case of females, home visits are made by members of the permanent nurse-visitor staff. A special letter of exhortation is sent in a plain envelope to males. Only when warnings are not heeded and the patient is still in an infectious condition, is more drastic action taken. A statutory warning notice is then sent. Finally, if this warning notice is disregarded, the case is referred to the Magistrate in conformity with the provisions of the Public Health Act.

The Department's activities are shown by the following figures :—

Home visits to female defaulting patients .. .. ..	..	..	..	..	6,611
Patients who returned .. .. ..	..	..	..	..	1,243
Letters to male defaulting patients .. .. ..	..	..	..	..	1,990
Patients who returned .. .. ..	..	..	..	..	930
Referred to magistrate for action under Public Health Act .. ..	..	..	..	..	66

CONTACTS.

There is a moral obligation on every doctor who attends to a case of venereal disease, to endeavour to trace the source of the disease in question, or other individuals to whom the patient may have conveyed the infection. Medical officers conducting sessions invite their patients to disclose, in full confidence, the name and address of the person from whom they acquired their disease or whom they may

have subsequently infected. These individuals are then dealt with according to the provisions of the Public Health Act.

What the Venereal Disease Branch has accomplished in this respect is shown by the following facts:—

During the year ended 30th June, 1945:—

88 contacts were reported.

31 attended for medical examination. Of the 31 who attended for medical examination 3 were found not to be suffering from venereal disease.

The remaining 57 were either untraceable, or their attendance was not obtained.

PATHOLOGICAL EXAMINATIONS.

Serological tests for syphilis and the examination of smear preparations for gonococci are carried out at the Government Laboratory.

In certain cases, where an immediate report is desirable, examinations are made on the spot. The following figures illustrate this aspect of the work :—

Examination of specimens for Sp. Pallida

Number of specimens found positive	..	..	..	..	..	267
Number of specimens found negative	..	..	..	..	..	354
						<hr/>
						621

Examination of smears for gonococci:

Number of specimens found positive	..	..	..	..	..	638
Number of specimens found negative	..	..	..	..	..	127
						765

PENICILLIN.

This drug, from which so much is expected, was not available in any significant quantity. Limited experience confirms the gratifying impressions gathered from medical literature. But until it is available in abundant supply, and in a form that will not demand detention in a hospital for its administration, Penicillin is not likely to transform, in any measurable degree, the gloomy picture represented by the foregoing tables.

SECTION VIII.—SANITARY ADMINISTRATION.

HEALTH INSPECTORS.

On 30th June, 1945, the staff of health inspectors consisted of the chief health inspector, the assistant to the chief health inspector, 5 divisional health inspectors, 22 health inspectors, 2 assistant health inspectors, and 2 learner health inspectors ; besides 2 health inspectors for dairies and 3 rodent inspectors. A meat inspector for the inspection of dead meat imported into the Municipality is also attached to the Department.

For sanitary inspection the Municipality is divided into five divisions, each of which is sub-divided into districts (26 in all). In each division the inspector in charge has no district of his own, and he is responsible for the work of the district inspectors in his division. The two dairy inspectors undertake the inspection of cowshed premises supplying milk to Cape Town, including those in the country, and the work of the rodent inspectors is also separate from the divisional system. All the inspectors work under the control of the chief health inspector, who, with his assistant, is also responsible for the municipal washhouses and the public sanitary conveniences.

The work of the district health inspection staff includes the investigation of notified cases of infectious disease (except tuberculosis, pneumonia, ophthalmia, trachoma, puerperal fever, and diseases notifiable by school teachers, such as measles and whooping cough); the inspection of dwelling houses, shops, food places and vehicles, stables and other places where animals are kept (except licensed cow-sheds); inspections concerning the licensing and regulation of licensed, registered and regulated trades and of theatres and other places of amusement and camping sites; the inspection of courts, lanes, alleys, open land, refuse tips, and standing water; the inspection of municipal washhouses and sanitary conveniences; investigations into social conditions in connection with remission of fees for treatment in municipal hospitals and the granting of permits to buy State-aided butter, etc. The divisional inspectors are responsible for the taking of samples under the Food, Drugs and Disinfectants Act, and the dairy inspectors for milk samples for bacteriological examination.

The rodent inspectors deal with the rat-proofing of buildings, the destruction of town and veld rodents, and the prevention of mosquitoes. The district inspectors are also concerned in this work.

The meat inspector undertakes the inspection and stamping of meat killed outside and brought into the municipal area.

The inspections recorded as made by the health inspectors (other than the meat inspector and rodent inspectors) during the year ended 30th June, 1945, were as follows :—

Inspections made:

Particulars in connection with visits recorded in the above inspections :-

Visits to premises where action was taken in connection with rodent infestation	..	..	..	..	..	..	..	329
Visits at which premises were disinfected	..	..	..	..	..	..	..	22
Drain tests carried out	..	..	..	..	..	..	..	168
Visits where enquiries were made re outworkers	..	..	..	..	..	..	..	288

The notices served by health inspectors during the year under review are ennumerated below:—

Proceedings begun by :

Written notices follow

Verbal notices served:	589
Verbal notices	589
Request notices	6
Formal notices	6,229
Final notices	1,442

The number of items included in the 6,544 notices were as follows:

Other defects were dealt with by the inspectors by reports for transmission to the City Engineer and other departments of the Corporation as follows :—

Stopped drains	447
Defective water fittings	86
Unauthorised structures	107
Undrained premises	67
Structural defects to premises	33
Other defects	168

STABLE PREMISES.

The Municipal Regulations empower the Council to prohibit the use for the keeping of animals in any stable, cowshed, pigsty, kraal, etc., which in its opinion is "unfit, undesirable or objectionable by reason of its locality, construction or manner of use". The City Council may also restrict the number or kind of animals to be kept at any such premises. During the year ended 30th June, 1945, the City Council prohibited the further use of two stable premises (equine) for the keeping of animals.

Previously, since 1929, the City Council had prohibited the use of 93 stable premises. Many others have been closed without formal action by the City Council.

These figures do not include dairy stables that had been closed by order of the City Council.

In the annual report for the year 1938-39 details were given of a census of equine stables in the municipal area made in 1939. This showed that, apart from 751 animals in eight stables kept by the S.A. Railways and Harbours Administration and the City Council, there were 422 stables, in which 1,947 animals were kept by 660 persons. 230 stables (728 animals) were recorded as insanitary, and 96 (482 animals) as "medium".

No further progress has been made with the proposal to provide sanitary communal stables in which people who depend on the use of horses for their living (such as hawkers), may obtain accommodation at a small rental.

ANTI-RODENT OPERATIONS.

Plague is endemic in veld rodents over a large part of the rural areas of South Africa. From 1923-24 and in succeeding years the number of human cases of plague in the Union were 372, 112, 71, 75, 39, 65, 145, 71, 22, 31, 39, 290, 253, 52, 70, 77, 47, 90, 79, 77 and 62. The Union Health Department reports that in the year 1944-45, the human cases in the Union numbered 39 (non-European), of which 37 were in the Cape Province (Uitenhage 2, Glen Grey 16, St. Marks 19), and 2 in the Orange Free State. The human deaths numbered 24.

The sandy Cape Flats are infested with gerbilles and other veld rodents, but plague infection in rodents has not approached nearer to Cape Town than the Ceres basin and the van Rhynsdorp district near the Olifants River towards its mouth. There has been no outbreak of plague in Cape Town since about 1901, when there was an epidemic which spread from the infection of rats in the Port. At that time many parts of the country were also affected. And until 1938, when a few human cases occurred in Port Elizabeth and rats were found to be plague-infected in that city, there has been no infection of rats in South Africa for many years.

In view of this position an anti-rodent staff is maintained in the City Health Department, consisting of the 3 rodent inspectors and 24 ratcatchers. This staff devotes itself to the rat-proofing of buildings and the destruction of rodents, especially rats and veld rodents. *Rattus rattus*, both *rattus* and *alexandrinus* and *Rattus norvegicus* are found in the business centres and old houses of the city, *Rattus rattus frugivorus* in the suburbs, and *Rattus norvegicus* on the sea beaches and in the banks of streams, etc. Systematic destruction of gerbilles is carried out in the unbuilt-on part of the municipal area on the Cape Flats, stretching from Table Bay to False Bay ; and this is supported by similar work carried on by the Cape Divisional Council on the Cape Flats more to the east.

In town, attention is given chiefly to the rat-proofing of premises which attract, harbour and nourish rats, and the destruction of rats in infested premises. In the granting of trading licences for grocers' shops and the like rat-proofing has been insisted on. Many wooden floors in such premises have been replaced by concrete. Rat-proofing has been required in accordance with the Union Government Regulations in the erection of new shops and stores or alterations, additions, etc.

The work done during the year under review is indicated by the following figures :—

Inspections by Rodent Inspectors :

Re rodents	7,274
Re mosquitoes	4,076
	— 11,350

Inspections re rodents by other inspectors	329
Inspections re mosquitoes by other inspectors	196

Visits made to lands and premises by ratcatchers :

Re rodents	65,934
Re mosquitoes	13,490
	— 79,424

Number of notices served by Rodent Inspectors :

Verbal notices	19
Written notices	183
	— 202

Number of rodents caught and destroyed :

Brown rats	9,748
Black rats	3,606
Gerbilles	55
	— 13,409

The figures given above as to rodents destroyed include only the number of animals whose dead bodies were actually recovered. There is no reason to doubt that many more were destroyed by the methods employed.

The above figures do not include certain inspections made and notices served by the district health inspectors in connection with rodents.

The rodents destroyed and recovered are shown in the following table :—

RODENTS CAUGHT AND DESTROYED.

Year ended 30th June.	Brown rats.	Black rats.	Gerbilles.	Total.
1926	8,409	1,206	3,430	13,045
1927	8,716	1,282	1,537	11,535
1928	7,651	1,352	816	9,819
1929	6,803	1,388	414	8,605
1930	5,297	1,631	510	7,438
1931	3,982	1,918	770	6,670
1932	4,103	2,017	634	6,754
1933	3,939	2,556	929	7,424
1934	3,839	2,690	1,321	7,850
1935	3,257	3,597	543	7,397
1936	3,757	3,240	610	7,607
1937	3,642	4,030	619	8,291
1938	3,793	6,063	585	10,441
1939	4,407	5,376	514	10,297
1940	6,002	4,891	182	11,075
1941	4,896	3,793	77	8,766
1942	6,038	4,147	48	10,233
1943	7,240	5,066	405	12,711
1944	8,573	4,692	176	13,441
1945	9,748	3,606	55	13,409

MOSQUITOES.

One of the rodent inspectors specializes also in anti-mosquito work. He investigates local prevalences of mosquitoes discovered through complaints or otherwise, and controls permanent anti-mosquito measures in the Black River Valley. Two of the rat-catching staff under his supervision devote the whole of their time to oil-spraying of waters where mosquitoes are bred. The number of inspections, etc., is shown under the previous heading.

The chief prevalence of mosquitoes is in those parts of the southern suburbs which are within a mile or two of the sewage disposal works at Athlone.

The nuisance is worst during the early part of the rainy season before the weather has become cold. The mosquitoes are almost exclusively *Culex*. *Anopheles* and *Aedes* are not found.

Mosquito prevalence is liable to occur in any part of the Municipality through breeding taking place in local collections of water. It is by no means confined to the summer.

Trapped street catchpits are apt to cause trouble, and their treatment with larvicide is undertaken by the City Engineer's Department.

CAMPING.

Camping on private sites within the municipal area has been kept under observation by the health inspectors. During the year 1944-45, 5 applications for the erection of tents, etc., were received, all of which were granted and were for occupation by 305 persons.

FOOD, DRUGS AND DISINFECTANTS ACT.

In terms of Government Notice No. 1572 of 1932, the Minister of Public Health added the Municipality of the City of Cape Town to the list of local authorities empowered under Government Notice No. 666 of 1930 to administer the Food, Drugs and Disinfectants Act in respect of (a) perishable articles mentioned or defined in the Regulations under the Act and (b) flour, meal, bread and any other article of food not packed or sold in a sealed package. The number of samples to be examined for the Municipality in the Government Chemical Laboratory free of charge was fixed at 607 by Government Notice No. 295 of 1937 as from 26th May, 1937.

Sampling duty is undertaken by the five divisional health inspectors.

The following is a record of the samples taken during the year ended 30th June, 1945 :—

Nature of sample.	No. of samples.	Not genuine.					Genuine.
		No action taken.	Letter sent.	Warning notice sent.	Summons applied for.	Total.	
Milk	465	3	70	10	47	130	335
Cheese (skim milk) ..	1	—	—	—	—	—	1
Ice cream ..	23	—	—	—	1	1	22
Honey	6	—	—	—	—	—	6
Coffee	2	—	—	—	—	—	2
Sugar	1	—	—	—	—	—	1
Soap	1	—	—	—	—	—	1
Minced meat	32	—	—	—	2	2	30
Meat products	88	—	—	1	8	9	79
Dripping	7	—	—	—	—	—	7
Fish products	4	—	—	2	—	2	2
Tapioca	1	—	—	—	—	—	1
Sago	1	—	—	—	—	—	1
Cinnamon	1	—	—	—	—	—	1
Rice	2	—	—	—	—	—	2
Oats	1	—	—	—	—	—	1
Oatmeal	1	—	—	—	—	—	1
Mealie meal	1	—	—	—	—	—	1
Total	638	3	70	13	58	144	494

The results of analysis of the samples of milk taken were as follows :—

Percentage of milk fat.	No. of samples.	Percentage of milk-solids-not-fat.	No. of samples.
1·0—1·4	1	6·5—6·9	1
1·5—1·9	2	7·0—7·4	8
2·0—2·4	6	7·5—7·9	11
2·5—2·9	44	8·0—8·4	78
3·0—3·4	205	8·5—8·9	321
3·5—3·9	143	9·0—9·4	44
4·0—4·4	37	9·5—9·9	1
4·5—4·9	11	(sour)	1
5·0—5·4	5		
5·5—5·9	1		
6·5—6·9	1		
7·0—7·4	2		
8·0—8·5	4		
9·9	1		
10·6	1		
13·2	1		

SALE OF MILK AND ICE CREAM.

A full-time Veterinary Officer, Dr. B. M. Horwitz, B.V.Sc., M.R.S.I., was appointed for milk control work in the City Health Department on 30th March, 1944, and commenced duty on 30th July, 1944.

He undertook a survey of the methods of milk production, transport of milk, treatment and bottling of milk, and subsequent distribution. At the same time he carried out a rapid veterinary survey of the health of the dairy herds supplying milk to Cape Town. As a result it was decided to re-open the case for the compulsory pasteurization of the milk supply of the whole City, first mooted in June, 1943, by the former Medical Officer of Health, Dr. T. Shadick Higgins.

In December, 1944, a report was submitted to the Health Committee outlining the ideal method for the control of the City's milk supply ; that is, the centralization of all milk through one plant under the control of the Municipality where all milk would be efficiently pasteurized before distribution. Distribution was also to be undertaken by the City Council. Through this method, not only would the control of pasteurization be efficient but the rationalisation of distribution through one distributor would also result in considerable savings, leading to a lowering in the price of milk. In this way, it was claimed, that the ideal of an absolutely safe milk at a low price would be reached. The recommendations in this report were accepted by the Health Committee and submitted to the City Council, who referred it back for investigation into the financial implications.

A sub-committee was subsequently appointed and a report outlining the financial implications was prepared by three of the members, viz., the Medical Officer of Health, the Veterinary Officer, and the Council's Financial Consultant.

A meeting with the representatives of the Dairy Industry of the Cape was then arranged and took place on the 21st May, 1945. The Dairy Industry strongly opposed any suggestion of compulsory pasteurization and of the Municipality undertaking distribution.

At the end of the period under report the matter was still under consideration by the Health Committee.

Dairy Regulations and Licences.

The number of dairy premises licensed* for the sale of milk in the Municipality at 30th June, 1945, was as follows :—

	In the municipal area.		Outside the municipal area.	
	30th June, 1944.	30th June, 1945.	30th June, 1944.	30th June, 1945.
Cowsheds	35	31	168	178
Milkshops	113	114	—	3

* Including certain premises in use but not licensed at the date stated.

Staff.

One Veterinary Officer, provided with transport, confines himself to the veterinary inspection of dairy cattle and the supervision of cowsheds of all producers, both within and outside the municipal area, who supply milk for consumption in the City. He is assisted by two full-time dairy inspectors. During the year under report inspections were made as follows :—

Dairy stables .. ..	.. ..	.. ..	.. ..	2,878
Milkshops .. ..	.. ..	.. ..	.. ..	3,431
Milk delivery vehicles .. ..	.. ..	.. ..	.. ..	422
Ice-cream premises .. ..	.. ..	.. ..	.. ..	230
Ice-cream vehicles .. ..	.. ..	.. ..	.. ..	9

Milkshops and Ice-cream Premises.

Milkshops and ice-cream premises are under the inspection of the health inspectors but the Veterinary Officer in addition supervises and inspects premises where milk is pasteurized in the municipal area. Two plants are in operation and a careful check is kept on the efficiency of their operation.

In the following table the figures for dairies refer to the calendar year 1945, and those for ice-cream to the year ended 30th June, 1945 :—

	Cowshed premises.		Milk shop premises.	Manufacturers and vendors of ice cream.
	In the municipal area.	Outside the municipal area.		
Applications for licences received	32	182	119	125
Licences issued	31	181	114	125
Applications cancelled	1	1	4	—
Licences not granted	—	—	1	—

Of the 125 persons licensed to make or sell ice-cream only 7 were licensed for its manufacture. The remainder were licensed only for selling ice-cream not made on the premises. The 7 licensed for the manufacture of ice-cream include 3 who have a large wholesale trade.

Examination of Dairy Cows.

During part of the year under review 3,546 cows, belonging to 118 dairies, were examined clinically. As a control to the clinical examination 203 milk samples were taken from individual cows, examined in the Department's laboratory. The following diseased conditions were encountered during examination of herds :-

Mastitis (acute and chronic) .. .. .. ..	..	..	..	..	..	292
Mange .. .. .. ..	..	..	..	..	..	14
Emaciation .. .. .. ..	..	..	..	..	..	8
Tuberculosis (other than tuberculosis of the udder) .. ..	..	..	..	..	..	10
Tubercular mastitis .. .. .. ..	..	..	..	..	..	4
Contagious abortion .. .. .. ..	..	..	..	..	..	4

In addition to the above, 13 blood smears were examined for suspected anthrax, all proving to be negative.

The lack of adequate equipment seriously hampered the work of the laboratory. With the end of the war it is hoped that more equipment will become available.

Milk samples taken by the City Health Department are examined in the Union Health Laboratory Cape Town (for total bacteria and coliform bacilli according to the technical procedure prescribed in the Municipal Dairy Regulations, and for tubercle bacilli by inoculation).

As far as possible samples for bacteria and coliform bacilli are taken from each purveyor of milk about once in nine months, and in the following table the results of the examination of such routine samples are set out. When unsatisfactory reports are received repeat samples are commonly taken from the same source. In order to give a better reflection of the general position the results of such repeat samples are omitted from the table.

SAMPLES OF MILK TESTED FOR TOTAL BACTERIA AND COLIFORM BACILLI : YEAR ENDED 30TH JUNE, 1945.

Milk samples taken at	Number of bacteria per c.c.						No coliform bacilli in :				
	Not more than						More than	1 c.c.	0·1 c.c.	0·01 c.c.	0·001 c.c.
	30,000	100,000	200,000	500,000	1,000,000	1,000,000					
Cowshed premises	11	17	10	4	2	5	1	12	15	9	12
On delivery to retailer by cowkeeper (cowshed in Municipality) ..	—	—	1	1	2	—	—	—	—	2	2
On delivery to retailer by cowkeeper (cowshed outside Municipality) ..	35	65	35	28	30	37	4	50	41	53	82
On milk round of cowkeeper supplying retail customers (cowshed in Municipality)	1	5	4	3	3	2	1	2	4	5	6
On milk round of cowkeeper supplying retail customers (cowshed outside Municipality)	—	5	2	—	1	1	1	2	2	1	3
In retailer's shop or dépôt	31	31	29	36	20	23	2	14	23	58	73
On milk round of retailer	—	4	4	2	3	4	—	1	5	2	9
Total	78	127	85	74	61	72	9	81	90	130	187

SAMPLES OF MILK TESTED FOR TUBERCLE BACILLI: YEAR ENDED 30TH JUNE, 1945.

	Positive.	Negative.	Total.
Samples taken from mixed milk of herd :			
Cape Town cowkeepers	1	25	26
Outside cowkeepers	2	18	20
Bulked samples :			
Raw milk	—	4	4
Pasteurized milk	—	5	5
Samples of mixed milk of herd taken on delivery to retailers' depôts :			
Cape Town cowkeepers	—	8	8
Outside cowkeepers	1	140	141
Total	4	200	204

In addition to the above routine samples, 7 samples from individual cows were taken to follow up the routine samples reported as positive. Of these, 1 was found to be positive and 6 negative. Four samples were also taken at the request of the Veterinary Officer; of these, 1 was found to be positive and 3 negative. Ten clinical cases of tuberculosis were also picked out by the Veterinary Officer from the dairy herds examined. Of these, 4 showed tubercular mastitis.

TEA SHOPS, CAFÉS, RESTAURANTS AND EATING-HOUSES.

Municipal regulations provide for the annual licensing of these premises and the controlling of their equipment and management. Applications for licences are considered by the responsible committee after report by the Medical Officer of Health. The following is an analysis of the applications dealt with during the year ended 30th June, 1945:—

	Restaurants.	Tea Shops.	Cafés.	Eating-houses.
1. Applications received	200	187	32	46
2. Granting of licences recommended (without conditions)	143	150	27	26
3. Granting of licences recommended (subject to conditions)	56	35	5	19
4. Number under item 3 later reported as having complied with conditions	53	27	3	10
5. Refusal of licences recommended	1	1	—	—
6. Applications withdrawn	—	1	—	1

REGISTERED TRADES.

Mattress-Makers, Laundries, Barbers and Hairdressers:

Government Regulations regarding mattress-makers and upholsterers (Government Notice No. 1384 of 1938), prohibit any person from carrying on those trades unless registered annually by the Council. The municipal regulations prohibit any person from carrying on any laundry "by way of trade or for purposes of gain," unless registered annually by the Council. The municipal regulations also prohibit any person from carrying on the trade or business of a barber or hairdresser unless registered by the Council.

The figures in the following table refer to the calendar year:—

	Mattress-makers and Upholsterers.	Laundries.	Barbers and Hairdressers.
Applications received	13	7	243
Registration certificates issued	13	7	241
Registration refused	—	—	—
Applications withdrawn	—	—	2

Hawkers and Pedlars:

The municipal regulations also require annual licences for hawkers and pedlars. The following figures refer to the year ended 30th June, 1945:—

	Hawkers and Pedlars.
1. Applications received	1,140
2. Granting of licences recommended (without conditions)	716
3. Granting of licences recommended (subject to conditions)	384
4. Refusal of licences recommended	10
5. Number under items 3 and 4 later recommended	141
6. Applications withdrawn	30

TRADE LICENCES.

The Licences Consolidation Ordinance No. 19 of 1930, as amended, provides that a certificate must be obtained from the Council before a licence is issued to trade as a general dealer, fresh produce dealer, baker, butcher, restaurant (etc.) keeper, hawker, pedlar, motor garage, or mineral water manufacturer or dealer, and further that no application for such certificate shall be considered unless the Medical Officer of Health shall have reported that the premises are fit and suitable for the purpose, and that he knows of no reason why the licence should be refused on the grounds of public health. All applications for certificates are referred by the responsible committee to the Medical Officer of Health for report, and the consequent inspections involve a considerable amount of work on the part of the health inspectors. The licences, which are designed for revenue purposes, must be renewed annually, but the Council's certificate is only required when they are issued for the first time or transferred.

The following is an analysis of applications for certificates dealt with during the year ended 30th June, 1945 :—

	General dealers.	Fresh produce dealers.	Butchers.	Bakers.	Motor garages.	Mineral water dealers.	Mineral water manufacturers.
1. Applications received .. .	879	167	22	1	31	38	—
2. Granting of licences recommended (without conditions) ..	538	91	8	—	19	26	—
3. Granting of licensee recommended (subject to conditions)	324	73	14	1	12	11	—
4. Number under item 3 later reported as having complied with conditions ..	320	68	12	—	11	9	—
5. Refusal of licensee recommended ..	8	2	—	—	—	—	—
6. Applications withdrawn .. .	9	1	—	—	—	1	—

Figures for hawkers and pedlars and for restaurant (etc.) keepers are shown on the previous page.

INSPECTION OF MEAT AND OTHER FOODSTUFFS.

The inspection of meat from animals killed at the municipal abattoir is under the control of the Veterinary Officer, and is reported on in the Mayor's Minute. No animals may be slaughtered elsewhere in the Municipality, and all meat from animals slaughtered outside the City and brought in for consumption must be deposited at one of the depôts appointed by the Council. There it is inspected and stamped by the meat inspector attached to the City Health Department.

The following is a return of meat from animals slaughtered outside the City and brought in for sale within the municipal area during the year ended 30th June, 1945 :—

Description.	Inspected.	Passed.	Condemned partly.	Condemned entirely.	
				Amount.	Percentage.
Carcases of beef .. .	1,486	1,486	—	—	—
Carcases of mutton .. .	2,370	2,370	—	—	—
Carcases of veal .. .	27	27	—	—	—
Carcases of pork .. .	43,771	42,743	861	167	0·38
Parts of beef .. .	916	916	—	—	—
Parts of mutton .. .	343	343	—	—	—
Parts of veal .. .	49	49	—	—	—
Ox tongues .. .	4,000	4,000	—	—	—
Ox livers .. .	21	11	—	10	47·62
Sheep and goats' plucks	livers .. .	300	280	20	6·67
	lungs (pr.s.) .. .	300	250	50	16·67
	hearts .. .	300	300	—	—
Pigs' plucks .. .	livers .. .	43,070	41,308	1,762	4·91
	lungs (pr.s.) .. .	43,070	39,255	3,815	8·86
	hearts .. .	43,070	42,376	694	1·61

The following return shows the imported meat condemned at the depôts appointed by the Council, classified under the various diseases for which it was condemned, during the period 1st July, 1944 to 30th June, 1945 :—

Description.	Total.	Abscess.	Bruised.	Cirrhosis.	Cysts (Hydatid)	Emaciation.	Flukes.	Hepatitis.	Inflammation.	Measles.	Moribund.	Pericarditis.	Pleurisy.	Pneumonia.	Poisoning (Herbal).	Pyacmia.	Sarcocysts.	Tuberculosis.
Carcasses of pork .. .	1,028	62	2	15	—	6	—	5	11	41	10	2	1	13	2	1	3	853
Ox livers .. .	10	--	—	—	—	—	10	—	—	—	—	—	—	—	—	—	—	—
Sheep and goats' :																		
Livers .. .	20	--	—	—	20	—	—	—	—	—	—	—	—	—	—	—	—	—
Lungs .. .	50	--	—	—	—	—	—	—	50	—	—	—	—	—	—	—	—	—
Pigs' :																		
Livers .. .	1,762	—	—	290	1,472	—	—	—	—	—	—	—	—	—	—	—	—	—
Lungs .. .	3,815	—	—	—	—	—	—	—	—	3,815	—	—	—	—	—	—	—	—
Hearts .. .	694	—	—	—	—	—	—	—	—	115	—	579	—	—	—	—	—	—

The following eareases with slight infestation with *cysticercus* were discovered and interned in cold storage for the prescribed time:—

Removed from.	Measly beef.		Measly pork.	
	Careases.	Weight (lbs.).	Careases.	Weight (lbs.).
Municipal abattoir	1,327	3,736,336	10	942
Cape Town depôts	—	—	6	1,256
Total	1,327	3,736,336	16	2,198

Food inspection by health inspectors:

The following foodstuffs were condemned as unfit for human consumption as the result of ordinary inspections by the health inspectors or the meat inspector, other than inspections of imported meat, during the year ended 30th June, 1945 :—

<i>Meat.</i>	<i>Weight (lb.).</i>
Meat ..	21
Fat ..	3
Bones ..	100
<i>Poultry and game :</i>	
Turkeys ..	230
Geese ..	140
Ducks ..	102
Fowls ..	1,550
<i>Fish :</i>	
Fish ..	68
Preserved fish ..	239
<i>Fruit and Vegetables :</i>	
Apples ..	19,190
Avoeado pears ..	3,378
Bananas ..	7,910
Egg fruit ..	2,300
Figs ..	164
Fruit (and nuts) ..	7
Gooseberries ..	997
Grapes ..	486
Grenadillas ..	25
Guavas ..	415
Lemons ..	20,925
Mangoes ..	1,340
Melons ..	1,056
Mixed fruit and vegetables ..	203
Naartjies ..	2,180
Nectarines ..	1,594
Oranges ..	40,220
Pawpaws ..	3,615
Peaches ..	2,973
Pears ..	360
Plums ..	320
Quinees ..	630
Artiehokes ..	150
Asparagus ..	156
Beans (green) ..	25,906
Beetroot ..	3,462
Cabbages ..	46,716
Carrots ..	8,455
Cauliflower ..	7,839
Chillies ..	420
Cueumbers ..	2,470
Garlie ..	1,844
Lettuce ..	1,495
Marrows ..	1,485
Onions ..	2,740
Peas ..	45,005
Parsnips ..	420
Potatoes (sweet) ..	19,197
Potatoes ..	27,400
Pumpkins ..	6,428
Spinaeh ..	15
Tomatoes ..	4,666
Turnips ..	120
<i>Other provisions :</i>	
Bringils ..	40
Butter ..	37
Coffee beans ..	2,100
Eggs ..	1
Jam ..	58
Kruschen salts ..	9
Milk (condensed) ..	3
Pastrine ..	41
Pickles and delicacies ..	81
Sweets ..	38
Tinned Fruit ..	18
Vermicelli ..	30
Other tinned foods ..	17
Other foodstuffs ..	135

CASES BEFORE THE MAGISTRATE.

The following table gives particulars of cases heard by the magistrates in the year ended 30th June, 1945, at the instance of the City Health Department. In most of the cases there were two or more separate counts : the counts are not enumerated in the table. In some cases more than one person was summonsed for the same offence ; if any one accused was fined or reprimanded the case is recorded in the table accordingly, notwithstanding that the other accused may have been discharged :—

Nature of offence.	Number of cases.							Total fines.
	Total.	Fined.	Suspended sentence.	Reprimanded.	Summons withdrawn.	Discharged.	No. of persons summonsed.	
Dwelling-house premises in insanitary condition (excluding the keeping of animals)	38	33	—	2	2	1	40	£ 129 10 0
Insanitary conditions at food premises :								
Butchers' shop premises	6	5	—	—	1	—	7	51 10 0
Other food premises	9	8	—	—	—	1	9	69 10 0
Insanitary conditions or other offences in transport or delivery of foodstuffs :								
Meat	1	1	—	—	—	—	1	10 0 0
Milk	11	11	—	—	—	—	16	85 0 0
Other foodstuffs	1	—	—	—	1	—	1	—
Selling, delivering or depositing meat not slaughtered at the Municipal Abattoir or not inspected and stamped	7	7	—	—	—	—	9	42 10 0
Selling foodstuffs in contravention of the Food, Drugs and Disinfectants Act :								
Milk	33	30	—	—	2	1	35	181 0 0
Sausages, minced meat, etc.	3	3	—	—	—	—	3	17 10 0
Trading as purveyors of milk without licence (no cows kept)	3	3	—	—	—	—	3	17 0 0
Trading as purveyor of milk without licence (cows kept)	3	3	—	—	—	—	3	25 0 0
Trading as hawker without licence	11	8	—	—	3	—	15	11 10 0
Other nuisances or insanitary conditions ..	8	6	—	—	—	2	9	26 10 0
Obstructing health inspector in performance of his duty	1	—	—	—	1	—	1	—
Neglect of children (Children's Act)	2	1*	1	—	—	—	2	—
Total	137	119	1	2	10	5	154	£ 666 10 0

* This case was sentenced to £10 fine or 2 months imprisonment, and served the term of imprisonment.

PUBLIC SANITARY CONVENIENCES.

The following is a list of the public sanitary conveniences open at 30th June, 1945, together with the number of attendants employed :—

Chalet.	Attendants.	
	Male.	Female.
Bakoven	2 1
Camps Bay Beach	2 1
The Camp, Camps Bay	1 —
Castle Bridge	2 2
Castle Street	2 —
Claremont Park	1 1
Claremont, Ralph Street	2 —
Clifton, 4th Beach	1 1
De Waal Park	2 1
Dock Road (old chalet)	1 —
Dock Road	2 —
Early Morning Market, Sir Lowry Road	2 1
Gleemore, Athlone	2 2
Green Point Common	1 —
Greenmarket Square	2 2
Hanover Street	2 1
Jurgens Park	2 —
Kalk Bay	2 1
Keurboom Park	1 —
Kloof Nek	1 1
Ladies' Rest Room, Darling Street	— 2
McGregor Street	2 —
Mayor's Garden (opened 12th November, 1944)	2 2
Maitland Outspan	2 1
Mowbray	2 1
Muizenberg Beach	2 2
Museum, Cape Town	2 1
Observatory, Station Road	2 1
Queens Park	— 1

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Queen Victoria Street, Cape Town	2	1
Riebeek Square	2	1
St. Andrew's Square	2	—
St. James Beach	1	1
Salt River Market	2	2
Sea Point	2	2
Sea Point Swimming Pool (Coloured)	1	1
Searle Street	2	1
Shelley Street, Salt River	2	2
Three Anchor Bay	—	1
Trafalgar Park	2	1
Victoria Walk	1	1
Woodstock	2	2
Wynberg	2	1
<hr/>		
Relief attendants 13	70	43
Night-shift attendants 4	10	1
<hr/>		
	87	54

In general the conveniences shown as being staffed by one attendant are open from 8 a.m. to 6 p.m., and those with two from 7 a.m. to 11 p.m. The male conveniences at the Castle Street, Dock Road (new), Early Morning Market and Salt River Market are open twenty-four hours a day and the female sections at the Early Morning and Salt River Markets are open all night on three nights of the week. The five night-shift attendants mentioned above staff the two market chalets at night. The Mayor's Garden chalet specially built for and used by the Services during the war was transferred to this Department on 12th November, 1944.

MUNICIPAL WASHHOUSES.

There are eight municipal washhouses, at each of which there is a caretaker in charge, and one assistant (except that at Hanover Street and Hout Street there are two assistants and at Kalk Bay no assistant). With the exception of Hanover Street they are supplied with cold water only and the drying and bleaching are done in the open air.

All except Kalk Bay are equipped with electric irons. At the Hanover Street washhouse the washing troughs are supplied with steam, and "hydro-extractor," drying chambers, ironing machines and electric irons are provided.

At the Hout Street washhouse there is an installation of baths and showers.

The charges made for washing are as follows : At Platteklip, Mowbray and Claremont, 3d. per day ; at Hout Street, Wynberg and Salt River, 4d. per day ; at Kalk Bay, 6d. per day. The charge for ironing (including use of electric iron) is 1d. per hour. At Hanover Street the charges are 3d. for two hours and 3d. for each additional hour up to a maximum of 1s. 6d. per day (including ironing facilities).

The charges for the use of the baths at Hout Street are as follows : Hot water baths, adults, 3d. ; children 2. ; cold water baths 1d.

The attendances and takings at the washhouses (including ironing rooms) during the year ended 30th June, 1945, were as follows :—

	Attendances.		Money taken.	
			£	s. d.
Hanover Street	13,812		833	19 6
Platteklip	5,795		73	10 10
Mowbray	9,175		157	4 5
Claremont	11,170		183	17 10
Kalk Bay	3,045		76	2 6
Hout Street	11,849		218	14 4
Wynberg	7,153		155	2 1
Salt River	5,169		88	12 4
<hr/>		67,168	£1,787	3 10

The attendances and takings at the Hout Street slipper baths during the year ended 30th June, 1945, were as follows :—

	Hot baths.		Cold baths.	
	Atten-dances.	Money taken. £ s. d.	Atten-dances.	Money taken. £ s. d.
Adults	30,341	379 5 3	33	2 9
Children	267	2 4 6	2	2
Total	30,608	381 9 9	35	2 11

FREE BURIALS.

The Public Health Act places upon the City Council the responsibility for the removal and burial of the body of any destitute person, or any dead body which is unclaimed or of which no responsible person undertakes the burial. The cost falls upon the City Council, although it may be legally recovered from any responsible person who is able to pay. Practically all such burials undertaken by the Council are of the bodies of persons whose relations are unable to pay, and very little is recovered. Each year a contract is given out to an undertaker to carry out this work for the Council. In the year ended 30th June, 1945, the number of such burials was 429.

DRAINAGE, SEWERAGE AND SCAVENGING.

STORMWATER DRAINAGE.

A great part of the Municipality, being built on the slopes at the foot of the mountain, is well placed for drainage, but on parts of the Flats natural drainage scarcely exists and in the wet season the ground water level over a considerable area is very near the surface. In some portions there is standing water during much of the winter, but this is being gradually overcome by the extension of the drainage system.

The town is sewered on the "separate" system, the stormwater being taken by separate channels to the nearest natural outfall, namely the sea, or the Liesbeek and Black Rivers with their tributaries, which drain the "southern suburbs" north of Kenilworth and flow into Table Bay as the Salt River. South of Kenilworth the streams discharge into a series of vleis.

SEWERAGE.

With the exception of a few outlying areas, such as Windermere, portions of Retreat, Claremont etc., practically the entire built-up part of the Municipality is provided with water-borne sewerage facilities.

The construction of sewers to serve the greater portion of the area between Plumstead and Heathfield has been completed.

In the Lansdowne—Crawford area, the construction of the sewers for sections 1 and 2 is now complete, and owners will be able to connect up their properties to their system.

The estimated cost of the first section was £7,000, and the second section, £20,000.

The third section, estimated to cost £36,650, has not yet been authorized.

In regard to Kensington and Rugby, the installation of the necessary machinery in the pumping stations has been carried out, and the scheme is in operation.

PAIL CLOSETS.

The City Engineer's Department undertakes the weekly collection of sterlus in the outlying unsewered areas. In Windermere and parts of the Cape Flats this work is carried out with great difficulty owing to the lack of roads. The men and wagons have to plough through heavy sand and bush, and, in winter, through water, to reach isolated places. The work is carried out in the day time. An initial payment of 15s. is required for the installation of a pail but no charge is made for ordinary removals and renewals. Extra removals are carried out, when necessary, at a charge of nine pence per removal.

The sterlus collected in the district from Diep River to Heathfield is buried in trenches on municipal land at the old sewerage farm at Wynberg Flats. Elsewhere it is passed into the sewers at the depositing depots at Maitland, Athlone, Kenilworth and Muizenberg.

The number of premises from which sterlus was being removed at 30th June, 1945, is shown by the following figures :—

Woodstock and Salt River	66
Maitland and Brooklyn	316
Kensington	828
Added areas, Mowbray to Claremont }	4,023
Claremont	
Wynberg	1,249
Muizenberg and Retreat	752
Windermere	1,641
	—
	8,875

At Plumstead, Diep River, Heathfield, Muizenberg, Clovelly and Kalk Bay, the O'Brien earth closet is in use, the service, including removals, being undertaken by a private firm under contract with the Corporation. Householders are required to provide the closets and the removals are paid for by the Corporation. Ordinary pail closets are allowed in Heathfield district. 138 premises are at present provided with this service, but the number is gradually being reduced as property owners connect their premises to the Council's sewers. Slop-water removal services are undertaken by the Corporation at Plumstead, Diep River, Lakeside and Kalk Bay.

HOUSE REFUSE REMOVALS.

The removal of house refuse is carried out by the Cleansing Branch of the City Engineer's Department as follows :—

In Cape Town proper, every weekday, and on Sundays in certain congested parts. Sunday services are carried out at other premises, also, on special payment.

In Green Point and Sea Point four times a week. Hotels and boarding houses, however, have a service every weekday and on Sundays, if required, subject to special payment.

In Woodstock and Salt River (from Cape Town to Station Road, Observatory), four times a week at general properties, but every weekday at certain business premises.

In the Southern Suburbs from Mowbray to Heathfield and in the Maitland Ward, three times a week but with a weekday service to certain business premises.

In Windermere two removals weekly.

In Muizenberg—Kalk Bay, four times a week in respect of general properties, but every weekday for hotels, boarding houses and certain business premises. During the summer season refuse removals are executed from hotels on Sundays, on payment of a special charge.

Clifton, Camps Bay and Lakeside, three times a week.

Added areas on the Cape Flats, twice a week.

During the year the quantity of refuse removed was 379,079 cubic yards.

In all areas house refuse is disposed of by controlled tipping.

HOUSING.

The greater part of the Cape Town Municipality consists of houses built of masonry according to the standards of the time of their erection, served by the municipal water supply and water-carriago sewerage, and with well-constructed streets. Most of the dwellings are separate houses built for one family each, detached, semi-detached or in terraces ; but there is a growing number of blocks of flats, and a few tenement houses built to be occupied by several tenants.

If the houses were occupied in the manner originally intended housing conditions would be mainly satisfactory. The chief factor responsible for slum conditions is the overcrowding caused by the fact that there are not enough houses for the population, itself the result of economic conditions. Houses suitable for one family, and in many cases small even for one large family, are occupied by several families, sometimes to the extent of one family per room. The overcrowded families are naturally mostly from the poorest strata of society, usually (though not invariably) non-European, and often of low social standard. The resulting squalor is increased by decay of the fabric of the houses which such occupation induces.

The same shortage of houses and economic stringency is largely responsible for the other phase of the local housing problem, *viz.*, the occupation of unauthorised and insanitary structures on the Cape Flats fringing Cape Town, often without made roads, water supply or sanitary services, and sometimes subject to winter flooding. The Council has ample legal powers to prohibit such building and occupation, but has not found itself prepared to drive out the occupants from the only shelter available for them.

These housing conditions have been aggravated by the influx of Natives from the territories, attracted by the prospect of remunerative employment. Nevertheless they are of old standing. The Director of Census published a statistical report on Coloured housing in Cape Town based on the 1921 census ; and the Medical Officer of Health submitted a report in 1924 based on a housing survey in central Cape Town, in which the overcrowding and housing shortage were clearly brought out and municipal housing urged as the primary remedy. The matter has since been the subject of repeated consideration by the Council and its committees and officers. Since 1920 up to 30th June, 1945, the City Council and the Citizens' Housing League Utility Company have completed the erection of about 5,600 houses, in addition to the building of Langa Township, which at the latter date accommodated 7,950 persons. This amount of building, which would have been greater but for the restrictions imposed by war conditions, has not been sufficient to do more than cope with the increased demands made by the growth of population, and the housing shortage remains undiminished.

The dwellings completed by the Council in the year under report were as follows (all for non-Europeans) :—

	Flats.	Cottages.	Average cost per dwelling.
Kalk Bay	35	—	£ 893
Boundary Road, Diep River	—	74	780

In the year under report, 4 "old age" cottages for Europeans were completed at Epping Garden Village (Cape Division) by the Citizens' Housing League Utility Company at an average cost of £475.

The dwellings completed bring the figures from 1920 to 30th June, 1945, for public housing operations in Cape Town and Suburbs (exclusive of Langa Native Township) to the following* :—

	European.	Non-European.	Total.
Within Cape Town municipal area :			
City Council	990	3,081	4,071
Citizens' Housing League Utility Co. ..	801	28	829
	1,791	3,109	4,900
Outside Cape Town municipal area :			
Citizens' Housing League Utility Co. ..	712	—	712
Total	2,503	3,109	5,612

The number of new dwelling houses built in the Municipality (abstracted from the City Engineer's return) as compared with the growth of population is shown in the following table :—

Year.	Estimated increase in population.	Buildings for human habitation completed (dwellings).	Year.	Estimated increase in population.	Buildings for human habitation completed (dwellings).
1915 ..	3,980	123	1930 ..	5,700	1,320
1916 ..	4,110	103	1931 ..	5,640	1,564
1917 ..	4,240	99	1932 ..	6,000	1,102
1918 ..	4,380	69	1933 ..	6,150	1,068
1919 ..	4,500	91	1934 ..	6,270	1,711
1920 ..	4,680	139	1935 ..	6,430	1,937
1921 ..	5,340	210	1936 ..	5,220	1,320
1922 ..	4,950	308	1937 ..	4,640	1,272
1923 ..	5,080	425	1938 ..	4,740	1,033
1924 ..	5,220	561	1939 ..	4,850	1,431
1925 ..	5,380	335	1940 ..	4,940	1,970
1926 ..	5,320	444	1941 ..	5,060	1,489
1927 ..	5,070	675	1942 ..	5,170	1,063
1928 ..	5,450	846	1943 ..	5,280	651
1929 ..	5,570	1,773	1944 ..	5,390	1,005
			1945 ..	5,510	870
				160,260	27,007

* The figures given in the Annual Report for 1939-40 have been revised.

SECTION IX.—OTHER SERVICES.

DOMICILIARY MEDICAL SERVICE.

The City Council provided medical attention in their homes for indigent sick persons needing such service. Since 1st April, 1944, the work has been carried out by a permanent medical officer. It is done in co-operation with the District Nursing Organisation of the Cape Hospital Board. Arrangements for the supply of medicines, etc., are made with the Cape Town Free Dispensary and the Woodstock Hospital, and with local chemists.

The visits made by the medical officer in the year under report were as follows:—

Ward	1	..	..	9	Ward	10	..	..	16
“	2	..	..	30	“	11	..	..	123
“	3	..	..	36	“	12	..	..	203
“	4	..	..	153	“	13	..	..	169
“	5	..	..	57	“	14	..	..	95
“	6	..	..	288	“	15	..	..	83
“	7	..	..	110					
“	8	..	..	113					Total 1,649
“	9	..	..	164					—

One-half of the cost of this service is refunded to the City Council, by the Union Health Department as to the medical service and the provision of surgical appliances, and by the Union Social Welfare Department as to fares to hospital for indigent persons..

RELIEF WORKS.

During the period under review an average of 130 men have been employed on relief works maintained by the City Council. The total expenditure of the Council under this heading in the year 1945 was £26,161 16s. 3d., of which £20,164 19s. 8d. was paid in wages. The Government repaid to the Council £10,077 6s. 10d. in the form of subsidy.

BOARD OF AID.

Poor relief in the City of Cape Town is administered by the Cape Town General Board of Aid instituted under the Poor Relief and Charitable Institutions Ordinances of 1919 and 1924. The Board consists of nine members, including the Mayor of Cape Town and three members of the City Council ; together with co-opted members.

Its funds are provided by the Department of Social Welfare and the City Council, supplemented to a small extent by voluntary donations. Under Section 16 of the Finance Act, No. 27 of 1940, the responsibility of the Provincial Administration in this matter was transferred to the Union Department of Social Welfare as from 1st April, 1940.

The Secretary of the Board of Aid has kindly supplied the following statistics for the calendar years 1944 and 1945 :—

		1944.			1945.		
		£	s.	d.	£	s.	d.
Income from voluntary sources		143	0	8	170	13	0
Subsidy from Provincial Administration for investigations re Conradie Home applications		120	0	0	120	0	0
Subsidy from Department of Social Welfare		16,629	0	0	19,951	0	0
Subsidy from City Council		16,629	0	0	19,951	0	0
Expenditure on relief, excluding administration costs		21,578	6	1	20,869	17	2
Number of applications received		2,120			2,352		

The Board of Aid maintains a hostel for destitute non-European families in Canterbury Street, Cape Town. Accommodation is provided for 30 families representing approximately 150 persons. In this institution an attempt is made to rehabilitate families who have been previously dependent on outdoor poor relief. Close supervision is kept by trained social workers on all sociological aspects of family life. Regular employment is obtained for all men while the women and elder daughters receive instruction in housecraft and domestic management. No rent is charged for accommodation in the hostel, but each family is expected to contribute a certain portion of their earnings into a trust account, and the money thus saved is used for purchasing furniture and other household requisites on their being transferred to the sub-economic housing scheme at Bokmakierie.

In connection with its rehabilitation work the Board of Aid rent 30 cottages from the City Council at Bokmakierie. These are occupied by families who have passed through Tafelberg Hostel in Canterbury Street, Cape Town, and who have made such progress that a close supervision is no longer necessary. If further progress is maintained these families are gradually absorbed in the housing schemes of the City Council.

The Board of Aid maintains a day nursery at corner of Roeland and Harrington Streets, Cape Town, where there is accommodation for 50 European children ; and at Tafelberg House a day nursery for 100 non-European children. These day nurseries (including meals) are for indigent persons (see page 21).

FOOD SUPPLIED BY CITY HEALTH DEPARTMENT.

Free dinners are provided at eleven welfare centres on Mondays to Fridays inclusive to nursing and expectant mothers and children under school age who are found by the medical officers to be suffering from under-nourishment caused by poverty. The figures for the year under report are given on pages 18 and 21. The dinners given numbered 90,134 (mothers, 20,961 ; children, 69,173). To these figures are to be added 23,107 dinners supplied to children at the municipal nursery schools (see page 22).

Free milk is also provided at the welfare centres for necessitous children under school age. This is supplied without cost to the Council under the scheme of the Dairy Industry Control Board by arrange-

ment with the School Board. The milk meals are consumed at the centres. During the year the attendances for milk meals numbered 38,454 and 2,245 gallons of milk were consumed. To these figures are to be added 22,023 milk meals supplied from the same source to children at the municipal nursery schools (see page 22).

Dried milk for bottle-fed infants is issued at the welfare centres. The mothers are charged cost price if they can afford to pay: otherwise the dried milk is supplied at a reduced price or free. In the year ended 30th June, 1945, 1,634 new cases were supplied and 54,762 lbs. of dried milk were issued. The cost was £4,346 12s. 7d. and the takings from mothers for dried milk and medicines amounted to £2,002 6s. 3d. (see page 19). As a result of this provision no suckling infant in the Municipality need lack an adequate diet on account of poverty.

The City Council also provides bread and milk as additional nourishment for indigent cases of tuberculosis. The ordinary daily allowance for a patient is 1 lb. bread and 1 pint milk. 127 new cases were put on this allowance during the year, and the cost of the supplies was £1,305 18s. 3d.

STATE-AIDED MILK AND BUTTER SCHEME.

Butter.

The City Health Department has continued to administer the sale of State-aided butter in Cape Town instituted in May, 1937, in accordance with the Government's scheme under the Dairy Industry Control Board.

As from 22nd July, 1944, the Dairy Industry Control Board found it necessary to reduce the amount of butter for distribution by 50 per cent. of the normal quota. This was carried on until the 25th November, 1944, when the normal quota was again available.

As from 4th November, 1944, the price at which State-aided butter was sold was increased by 1d. a lb. to 11d., 10d. and 9d. for first, second and third grades respectively. On 9th June, 1945, a further increase in the price was made by 1d. a lb. to 1s., 11d. and 10d. for first, second and third grades respectively.

The subsidized butter is supplied to the City Council by authorised wholesalers at the actual retail price, and the cost of the City Council's service is repaid by the Government on the basis of $\frac{1}{2}$ d. per lb. of butter sold.

The families nominally eligible for permits to buy State-aided butter are Cape Coloured families with an income not exceeding 4s. a day for a family consisting of two persons and 5s. a day for larger families, and European families with an income not exceeding 6s. a day or, under special circumstances, 8s. a day. Cost-of-living allowance is not reckoned in computing incomes for this purpose. Not all families within these limits are able to obtain permits, because the State-aided butter allocated to Cape Town is limited in quantity. The average weekly sales were 15,331 lbs., and the number of permits in force 14,597.

The amount of State-aided butter that may be bought is 2 lb. a week for families of four persons or more, and 1 lb. for smaller families.

The privilege of buying State-aided butter is not extended to Natives and Indians.

The butter sales take place every Friday evening at thirteen depôts of the City Health Department. These depôts are as shown in the following statement, which also indicates the quantity of butter sold.

The weekly sales were as follows:—

	1944.	Ib.	1944.	Ib.	1945.	Ib.
July	7	18,455				
	14	18,604½	b.f.	208,467½		
	21	10,786½	November	10	10,553	
	28	10,714½		17	10,663	March
August	4	10,758		24	17,228	9
	11	10,674	December	1	17,788	16
	18	10,672		8	17,839½	23
	25	10,697		15	17,950	29
September	1	10,759		22	16,518	17,915
	8	10,708½	1945.	29	17,663½	April
	15	10,887	January	5	17,525	6
	22	10,616½		12	17,734	13
	29	10,765		19	15,806½	20
October	6	10,750	February	2	17,853	18,034
	13	10,719		9	17,729	27
	20	10,654		16	17,824	18,014
	27	10,696		23	17,822	4
November	3	10,551	March	2	17,888	18,030
						May
						11
						18,010
						18,060½
						25
						17,979½
		208,467½		492,666		18,046
						8
						17,897
						15
						17,955
						22
						17,571
						29
						17,711½
						797,212½

The sales at the individual depôts were as follows:—

Depôt.	Ib.
Old Drill Hall, Cape Town ..	.. .. .. .. 242,911
†12, Keerom Street, Cape Town ..	.. .. .. .. 10,635
*Woodstock Town Hall ..	.. .. .. .. 142,367½
*Maitland Town Hall ..	.. .. .. .. 47,905
†Brooklyn Village Hall ..	.. .. .. .. 12,480
Mowbray Town Hall ..	.. .. .. .. 16,237
Athlone Hall ..	.. .. .. .. 81,172
Rondebosch Town Hall ..	.. .. .. .. 12,299
Claremont Town Hall ..	.. .. .. .. 62,507
Lansdowne Hall ..	.. .. .. .. 30,163
*Wynberg Town Hall ..	.. .. .. .. 103,524
Retreat Welfare Centre ..	.. .. .. .. 24,907
Municipal Office, Muizenberg ..	.. .. .. .. 10,105
Total	797,212½

* Separate accommodation for Europeans and non-Europeans

† For Europeans only.

The proportion of the three grades of butter sold is determined by the supplies available. The sales were as follows:—

							lb.
1st grade..	..	..	..	..	..	..	195,395 $\frac{1}{2}$
2nd grade	..	..	..	..	..	..	554,414 $\frac{1}{2}$
3rd grade	..	..	..	..	..	..	47,402 $\frac{1}{2}$
				Total	..	..	797,212 $\frac{1}{2}$

As from 1st June, 1944, the department's distribution scheme was extended to persons receiving butter as out-relief at the expense of the Cape Town General Board of Aid.

Milk.

The distribution of State-aided milk is administered by the School Board for the Cape Division, and the Secretary of the Board has kindly supplied the following statement for the whole Cape Division, covering also the introduction, in 1944, of the school feeding scheme into which the State-aided milk scheme was merged:—

SUPPLY OF MILK, ETC., TO SCHOOL CHILDREN AND WELFARE CENTRES AND INTRODUCTION OF FEEDING SCHEME.

This scheme, which was introduced in April, 1944, operates as follows in the area of the Cape School Board. For each of the four circuits in the Cape Division there are two supervisory committees consisting of principals, one for the European and one for the non-European schools. There is one central committee consisting of the Chairman and Secretary of the School Board, the four Circuit Inspectors, the eight Chairmen of the Supervisory Committees, the Chief Medical Inspector of Schools, the Medical Officers of Health of the City Council and the Divisional Council and dietetic experts. This Central Committee has its headquarters at the School Board Office and is responsible for centralized buying of all foodstuffs and the supply of all equipment. All contributions received from pupils are paid into the central committee through the schools, and each school is credited with the money thus raised. Small petty cash advances are made to principals for items of expenditure such as wages of helpers and small items purchased locally. Experience has shown that centralized buying is most economical and efficient in such a large area as the Cape Division.

The following quarterly figures indicate the amount and variety of foodstuffs supplied to all schools:—

Commodity.	January.	April.	July.	October.	Total for year.
Milk .. . gals.	19,598	23,059	27,871	36,358	374,581
Butter .. . lbs.	1,949	6,019	4,263	5,822	64,908
Cheddar cheese .. . lbs.	1,351	8,123	—	6,527	59,461
Pasteurized cheese .. . lbs.	670	938	2,354	2,576	18,855
Cocoa .. . lbs.	413	—	—	903	12,656
Moskomfytt .. . lbs.	1,782	1,768	2,000	2,790	21,646
Sugar .. . pkts.	29	53	54	35	508
Oranges .. . pkts.	—	—	11,420	682	15,229
Grapes .. . lugs	4,223 $\frac{1}{2}$	6,641	—	—	54,587 $\frac{1}{2}$
Raisins .. . lbs.	19,650	15,500	19,475	24,725	183,525
Fruit salad .. . lbs.	8,050	7,100	7,075	10,925	83,400
Bread .. . lbs.	21,450	44,947	37,835	38,254	534,067
Peanuts .. . lbs.	19,050	14,375	14,200	16,475	148,466
Peanut butter .. . lbs.	5,440	3,760	3,040	5,920	39,330
Chocolates .. . doz.	874	374	—	28	16,665

At the end of the year the following schools were included in the Scheme:—

Schools.	Board and State-aided.	Private (paying direct).	Total.
European .. .	99 (30,518 children)	1	100
Coloured .. .	170 (57,129 children)	2	172
Native .. .	—	9	9
Total .. .	269 (87,647 children)	12	281

Thus, whilst the number of schools in this centralized scheme increased from 264 to 269, the number of children has increased from 69,872 to 87,647. This would indicate that most parents are realising what a beneficial effect the feeding scheme is having on the general health of their children. This health aspect has been stressed on many occasions by the inspectors, medical inspectors and principals alike. There must be many thousands of poor children in this Division to whom the Oslo meal served at school during the morning session is the principal and most balanced meal of the day.

An amount of £5,145 was provided for the feeding of necessitous children during the school holidays. Of this sum £1,000 was voted by the City Council and the balance was provided out of the Holiday Feeding Fund. Approximately 10,000 children were given an Oslo meal on every weekday during the school vacations.

HYDROGEN CYANIDE FUMIGATION.

Under the Hydrogen Cyanide Fumigation Regulations (Government Notices Nos. 804 of 30th April, 1943, and 605 of 13th April, 1945), no person may undertake the fumigation of any "building or premises" with hydrogen cyanide unless he has obtained a certificate of competence from the Union Health Department or a "First Schedule" local authority. Certificates granted by local authorities are subject to confirmation and counter-signature by the Secretary for Public Health. A certificate may not be issued unless the candidate worked for twelve months as a fumigator prior to 30th April, 1943, or has worked for six months under a certificated fumigator.

In August, 1943, the Medical Officer of Health, Cape Town, was requested and authorised by the Secretary for Public Health to undertake the examination and certification (subject to the prescribed confirmation), of candidates from areas outside Cape Town not under "First Schedule" authorities.

In the year ended 30th June, 1945, the Medical Officer of Health issued 7 certificates to persons resident in Cape Town, and 4 to persons resident elsewhere. The examinations were oral and practical.

SECTION X.—STAFF OF CITY HEALTH DEPARTMENT.

The full-time staff as at 30th June, 1945, was as follows :—

Medical Officer of Health.

Deputy Medical Officer of Health.

Assistant Deputy Medical Officer of Health.

Administrative Officer.

Clerks, 27.

MATERNAL AND CHILD WELFARE BRANCH.

Maternity and Child Welfare Officer.

Deputy Maternity and Child Welfare Officer.

Assistant Maternity and Child Welfare Officer.

Junior Maternity and Child Welfare Officer.

Chief Health Visitor.

Assistant Chief Health Visitor.

Health visitors, 35.

Non-European assistant health visitors, 3.

Supervisor of Midwives.

Midwives, 2.

Social Welfare Investigators, 2.

Nursery School Superintendent.

Nursery School Teachers, 4.

Superintendent of Cleansing Station.

Clerks, 3.

Storeroom Assistants, 2.

Domestics, 36.

Labourers, 2.

Juvenile Assistants in Nursery Schools, 16.

VENEREAL DISEASE BRANCH.

Venereal Disease Officer.

Deputy Venereal Disease Officer.

Nurse Visitors, 5.

Orderlies, 2.

Clerks, 2.

Labourers, 2.

TUBERCULOSIS BRANCH.

Tuberculosis Officer.

Health Visitors, 7.

Clerks, 5.

Domestic.

Labourers, 2.

HEALTH INSPECTION BRANCH.

Chief Health Inspector.

Assistant Chief Health Inspector.

Divisional Health Inspectors, 5.

Rodent Inspectors, 3.

Senior Health Inspectors, 12.

Health Inspectors, 10.

Assistant Health Inspectors, 2.

Learned Health Inspectors, 2.

Meat Inspector.

Clerks, 2.

Caretakers at Municipal Washhouses, 15.

Ratcatchers, 24.

Labourers, 2.

Attendants at Public Sanitary Conveniences, 141.

DAIRY INSPECTION.

Veterinary Officer.

Dairy Inspectors, 2.

DENTAL BRANCH.

Dental Officer.

Dental Nurses, 2.

A part-time medical officer is engaged at the Langa Native Hospital.

The services of part-time medical and dental officers are engaged at the clinics.

At the City Hospital consultant specialists and surgeons are called in when required.

CHANGES IN PERSONNEL.

Medical Staff.

Dr. T. Shadick Higgins retired from the position of Medical Officer of Health on 29th November, 1944, after having completed over 21 years service. He was appointed Medical Director of Social Services as from 30th November, 1944.

Dr. F. O. Fehrsen, formerly Deputy Medical Officer of Health, was appointed Medical Officer of Health as from 30th November, 1944.

Dr. E. D. Cooper, formerly Resident Medical Officer, City Hospital, was appointed Deputy Medical Officer of Health as from 1st January, 1945.

Dr. B. M. Horwitz entered the service as Veterinary Officer on the 17th July, 1944.

HOUSING BRANCH.

Housing Supervisor.

Assistant Housing Supervisor.

Housing Managers, 7.

Student Assistants, 4.

Club Leader.

Clerks, 4.

Housing Superintendents, 2.

Housing Caretakers, 3.

Handymen, 6.

Labourers, 21.

CITY HOSPITALS, INCLUDING AMBULANCE AND DISINFECTION SERVICES.

Medical Superintendent of Hospitals.

Resident Medical Officer.

Junior Resident Medical Officer.

House Physicians, 2.

Pharmacist.

Assistant Pharmacists, 2.

Clerks, 2.

Matron.

Assistant Matron.

Occupational Therapy Officer.

Sisters, 13.

Staff Nurses, 5.

Student Nurses, 16.

Probationer Nurses, 23.

Non-European Staff Nurses, 8.

Non-European Assistant Nurses, 25.

Radiographer.

Male Nursing Orderlies, 5.

Porters and Telephone Operators (male) 8.

Dietician.

Housekeeper.

Laundry Supervisor.

Seamstresses, 4.

Engineer.

Laundry Fitter.

Boiler Attendant.

Handyman/Electrician.

Handyman/Carpenter.

Removal and Disinfection Officers, 2.

Ambulance Drivers, 3.

Native Servants (male), 57.

Domestics, 42.

Labourers, 8.

Caretaker, Rentzkie's Farm Hospital.

NATIVE HOSPITAL, LANGA.

Matron.

Sisters, 2.

Native Nurses, 9.

Native Orderlies, 5.

Domestics, 2.

DOMICILIARY MEDICAL SERVICE.

Medical Officer.

GENERAL.

Messengers, 2.

Cleaners (male) 2.

Chauffeurs, 8.

REPORT OF THE MEDICAL OFFICER OF HEALTH.

TABLE A1. DEATHS REGISTERED IN 1944-45 CLASSIFIED FOR CAUSES, RACE, SEX, AGE-GROUPS AND WARDS.
 Deaths in Cape Town of non-Residents (Outward Transfers) are excluded from the table proper and shown separately. Deaths of European Cape Town residents which occurred outside the Municipality (Inward Transfers) are included in the sections for age-periods but not in the sections for wards. (52 weeks ended 29th June, 1945).

E.—EUROPEANS. O.—OTHER, OR NON-EUROPEAN.

SUMMARY. AGE-GROUPS : CORRECTED FOR INWARD AND OUTWARD TRANSFERS IN THE CASE OF EUROPEANS BUT CORRECTED FOR OUTWARD TRANSFERS ONLY IN THE CASE OF NON-EUROPEANS.

CAUSE OF DEATH.	Race.												Age-groups.												Totals.												Deaths in Cape Town of Non-Residents (Excluded from foregoing columns).
	0 to 1		1 to 2		2 to 5		Total under 5		5 to 10		10 to 15		15 to 25		25 to 35		35 to 45		45 to 55		55 to 65		65 to 75		75 to 85		85 and upwards		Age unknown		Persons.		M.		F.		
I.—Infective and Parasitic Diseases—Diseases due to Bacteria ..	E. 1	4	7	3	3	11	10	192	21	1	4	2	4	14	8	13	5	17	6	14	3	2	2	1	—	—	—	—	—	—	—	—	—	19			
II.—Cancer and Other Tumours	O. 74	58	64	—	—	210	66	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	67					
III.—Rheumatism, Diseases of Nutrition, of Endocrine Glands and other General Diseases and Vitamin-deficiency Diseases	O. —	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	22					
IV.—Diseases of the Blood and Blood-forming Organs	E. —	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—					
V.—Chronic Poisonings and Intoxication	O. —	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—					
VI.—Diseases of the Nervous System and Sense organs ..	E. 1	3	4	—	—	1	1	4	20	6	2	1	7	3	2	1	3	1	4	2	5	6	17	8	29	27	28	13	16	17	109						
VII.—Diseases of the Circulatory System	O. 12	5	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	10					
VIII.—Diseases of the Respiratory System (not Specified as Tuberculous)	E. 2	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	17					
IX.—Diseases of the Digestive System	O. —	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8					
X.—Diseases of the Urinary and Genital Systems (not Venereal or connected with Pregnancy or the Puerperium) ..	E. 1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1					
XI.—Diseases of Pregnancy, Child Birth and the Puerperal State	O. —	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1					
XII.—Diseases of the Skin and Cellular Tissue	E. 1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2					
XIII.—Diseases of the Bones and Organs of Movement ..	O. —	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5					
XIV.—Congenital Malformations ..	E. 7	10	12	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8					
XV.—Diseases Peculiar to the First Year of Life ..	O. 40	27	98	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7					
XVI.—Senility, Old Age ..	E. 150	150	98	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5					
XVII.—Violent or Accidental Deaths ..	O. 7	7	7	5	4	4	4	4	5	4	5	4	5	4	5	4	5	4	5	4	5	4	5	4	5	4	5	4	5	4	5	4					
XVIII.—Ill-defined Causes of Death ..	O. 2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1					
Totals ..	E. 72	53	16	7	9	12	97	72	9	12	97	72	9	12	97	72	9	12	97	72	9	12	97	72	9	12	97	72	9	12	97	72					
Totals, All Raees ..	O. 512	464	198	202	133	141	915	807	51	81	36	50	155	166	217	134	290	178	300	231	365	249	392	324	221	220	58	86	1	—	3,001						

* Including the deaths of 10 newly-born infants, 9 (7 males and 2 females) of unknown Race and 1 of unknown Race and Sex.

The European Cape Town deaths which occurred outside the Municipality (inward transfers) numbered 74 (38 males and 36 females).

SUMMARY. WARDS : CORRECTED FOR OUTWARD TRANSFERS BUT NOT FOR INWARD TRANSFERS.

CAUSE OF DEATH.	Racee												TOTALS.											
	Sea Point	Harbour	West Central	Kloof	Park	East Central	Castle	Woodstock	Salt River	Mow-bray	Mait-land	Rondebosch	Clare-mont	Kalk Bay	Wynberg	15	Not Allocated.	Residential Addresses	Un-aasertained.	Per-sons.				
	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M.	F.	M.	F.	M.				
I.—Infective and Parasitic Diseases—Diseases due to Bacteria ..	8	6	7	11	18	13	6	2	7	11	13	6	2	10	10	108	70	178	1,215	58	1,754			
II.—Cancer and Other Tumours ..	5	3	22	11	4	1	1	1	1	1	1	1	1	1	1	1	523	124	523	1,236	62	1,717		
III.—Rheumatism, Diseases of Nutrition, of Endocrine Glands and other General Diseases and Vitamin-deficiency Diseases ..	12	21	3	2	1	1	1	1	1	1	1	1	1	1	1	1	692	112	692	1,140	14	3,699		
IV.—Diseases of the Blood and Blood-Forming Organs and Chronic Poisonings and Intoxication ..	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	103	11	103	203	14	2,422		
V.—Diseases of the Nervous System and Sense Organs ..	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
VI.—Diseases of the Circulatory System ..	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
VII.—Diseases of the Respiratory System ..	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
VIII.—Diseases of the Respiratory System (not Specified as Tuberculosis) ..	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
IX.—Diseases of the Digestive System ..	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
X.—Diseases of the Urinary and Genital Systems (not Venereal and connected with Pregnancy or the Puerperium) ..	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
XI.—Diseases of Pregnancy, Child Birth and the Puerperal State ..	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
XII.—Diseases of the Skin and Cellular Tissues ..	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
XIII.—Diseases of the Bones and Organs of Movement ..	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
XIV.—Congenital Malformations ..	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
XV.—Diseases Peculiar to the First Year of Life ..	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
XVI.—Senility, Old Age ..	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
XVII.—Violent or Accidental Deaths ..	5	6	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
XVIII.—Ill-Defined Causes of Death ..	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Totals	128	103	30	13	6	3	40	43	78	74	51	42	9	2	56	56	66	69	52	118	83	981		
Totals, All Races	140	112	82	46	60	47	141	138	89	84	309	271	186	164	173	159	197	132	81	71	225	169	309	

* Including the deaths of 10 newly-born infants, 9 (7 males and 2 females) of unknown Race and 1 of unknown Race and Sex.

Death Classification.	Code No.	International Code No.	Cause of Death	Race	Age-Groups: Corrected for Inward and Outward Transfers in the Case of Europeans but Corrected for Outward Transfers Only in the Case of Non-Europeans.																				TOTALS.					
					Persons in each Age-Group																									
					0 to 1	1 to 2	2 to 5	Total under 5	5 to 10	10 to 15	15 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 to 75	75 to 85	85 upwards.	Age unknown.	M.	F.	M.	F.	M.	F.	M.	F.			
100	45		II. CANCER AND OTHER TUMOURS. Cancer and Other Malignant Tumours of the Buccal Cavity — Pharynx ..	{ E. O.	-	-	-	-	-	-	-	-	-	1	-	-	1	2	-	-	1	-	4	-	-	-	7 3	2 1		
101	46		Cancer of the Oesophagus ..	{ E. O.	-	-	-	-	-	-	-	-	-	-	-	2	-	2	-	2	-	1	1	-	-	-	7 1	1 1		
102	46		Cancer of the Stomach and Duodenum ..	{ E. O.	-	-	-	-	-	-	-	-	-	1	1	1	5	3	11	7	17	8	2	7	-	1	36 34	28 17		
103	46		Cancer of the Rectum ..	{ E. O.	-	-	-	-	-	-	-	-	1	-	-	1	-	-	1	-	3	2	1	1	-	-	6 2	3 1		
104	46		Cancer of the Liver ..	{ E. O.	-	-	-	-	-	-	-	-	-	5	-	1	-	3	4	4	2	2	1	-	-	-	9 7	6 2		
105	46		Cancer of the Pancreas ..	{ E. O.	-	-	-	-	-	-	-	-	-	1	-	-	2	2	3	2	3	2	2	1	-	-	6 1	10 1		
106	46		Cancer, Other Digestive Organs (including Peritoneum) ..	{ E. O.	-	-	-	-	-	-	-	1	-	-	-	2	1	3	3	5	3	1	2	-	-	-	10 5	10 5		
107	47		Cancer of the Larynx ..	{ E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1 1				
108	47		Cancer of the Mediastinum ..	{ E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	2 -				
109	47		Cancer of the Lung ..	{ E. O.	-	-	-	-	-	-	-	-	-	-	1	-	2	1	2	1	4	2	-	1	-	-	9 4	5 -		
110	48		Cancer of the Uterus ..	{ E. O.	-	-	-	-	-	-	-	-	-	-	3	-	3	-	4	-	3	-	1	-	-	-	14 19	1 1		
111	49		Cancer of the Other Female Genital Organs ..	{ E. O.	-	-	-	-	-	-	-	-	-	1	-	-	1	-	1	-	2	-	1	-	-	-	5 3			
112	50		Cancer of the Breast (Male or Female) ..	{ E. O.	-	-	-	-	-	-	-	-	-	-	3	-	5	-	4	-	8	-	3	-	-	-	23 15			
113	51		Cancer of the Prostate ..	{ E. O.	-	-	-	-	-	-	-	-	-	-	-	1	-	2	-	2	-	3	-	1	-	-	8 8			
114	51		Cancer of the Other Male Genital Organs ..	{ E. O.	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1 -				
115	52		Cancer of the Male and Female Urinary Organs ..	{ E. O.	-	-	-	-	-	-	-	-	-	-	-	3	-	-	1	2	1	1	1	-	-	-	6 1	3 -		
116	53		Cancer of the Skin ..	{ E. O.	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	1	-	2 1			
117	54		Cancer of the Brain and Other Parts of the Nervous System ..	{ E. O.	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	1	1	-	-	-	-	3 -			
118	55		Cancer of the Bones ..	{ E. O.	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-	-	2	1	-	1	-	-	2 2			
119	55		Cancer of Other and Unspecified Organs ..	{ E. O.	-	-	-	-	-	-	-	-	-	-	1	-	1	-	1	2	-	2	2	-	1	-	4 1			
130	56		Non-malignant Tumours: Female Genital Organs ..	{ E. O.	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1 -				
131	56		Non-malignant Tumours: Other and Unspecified Organs ..	{ E. O.	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1 -				
132	57		Tumour of the Ovaries ..	{ E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
133	57		Tumour of the Uterus ..	{ E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
134	57		Tumour of Other Female Genital Organs ..	{ E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
135	57		Tumour of the Brain and Other Parts of the Nervous System ..	{ E. O.	-	-	-	-	-	-	1	-	1	-	-	-	1	-	2	-	1	-	1	-	-	2 1				
136	57		Tumours of Other and Unspecified Organs ..	{ E. O.	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-	-	-	-	2 1			
			Totals for II ..	{ E. O.	-	-	-	-	-	-	1	-	1	-	4	-	2	1	3	3	11	15	21	30	29	45	40	18	23	1 1
			III. RHEUMATISM, DISEASES OF NUTRITION AND OF THE ENDOCRINE GLANDS, OTHER GENERAL DISEASES AND VITAMIN-DEFICIENCY DISEASES.																											
149	58		Acute Rheumatic Fever ..	{ E. O.	-	-	-	-	-	1	-	1	-	5	-	3	2	1	2	2	-	1	-	1	-	1	-	2 8	6 13	
150	59		Chronic Rheumatism, Osteo Arthritis, etc.	{ E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	1	1	1 1			
151	60		Gout ..	{ E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
152	61		Diabetes ..	{ E. O.	-	-	-	-	-	-	1	-	-	-	1	-	-	3	1	3	4	8	7	11	14	4	5	-		
153	62		Diseases of the Pituitary Gland ..	{ E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	17 9			
154	63		Simple Goitre ..	{ E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1 1			

AGE-GROUPS: CORRECTED FOR INWARD AND OUTWARD TRANSFERS IN THE CASE OF
EUROPEANS BUT CORRECTED FOR OUTWARD TRANSFERS ONLY IN THE CASE OF
NON-EUROPEANS.

TOTASL.

Death Classification.	Code No.	International Code No.	Cause of Death.	Race.	AGE-GROUPS: CORRECTED FOR INWARD AND OUTWARD TRANSFERS IN THE CASE OF EUROPEANS BUT CORRECTED FOR OUTWARD TRANSFERS ONLY IN THE CASE OF NON-EUROPEANS.																			Persons.		
					0 to 1	1 to 2	2 to 5	Total under 5	5 to 10	10 to 15	15 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 to 75	75 to 85	85 and upwards.	Age unknown.							
				M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.		
450	115	Diseases of the Teeth and Gums ..	{ E. O.	- - - - -	1 - - - -	- - - - -	- - - - -	1 - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	1 - - - -
451	115	Septic Sore Throat ..	{ E. O.	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -
452	115	Other Diseases of the Pharynx and Tonsils	{ E. O.	- - - - -	- - - - -	- - - - -	- - - - -	1 - - - -	1 - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -
453	115	Diseases of Other and Unspecified Sites ..	{ E. O.	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -
454	116	Diseases of the Oesophagus ..	{ E. O.	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -
455	117	Ulcer of the Stomach	{ E. O.	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	8 3 -
456	117	Ulcer of the Duodenum	{ E. O.	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	8 7 -
457	118	Other Diseases of the Stomach (Except Cancer and Other Malignant Tumours)	{ E. O.	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	2 2 -
458	119	Diarrhoea and Enteritis (Under 2 Years of Age) ..	{ E. O.	11 4 3 2 -	147 135 54 73 -	- - - - -	14 6 -	201 208 -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	14 6 -
459	120	Diarrhoea and Enteritis (2 Years of Age and Over) ..	{ E. O.	- - - - -	- - - - -	- - - - -	- - - - -	5 11 -	5 11 -	1 1 -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	3 8 19 -
460	120	Ulceration of the Intestines (Except Duodenum) ..	{ E. O.	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	1 1 1 -
461	121	Appendicitis ..	{ E. O.	- - - - -	- - - - -	- - - - -	- - - - -	3 1 -	3 1 -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	6 3 1 -
462	122	Hernia ..	{ E. O.	1 - - - -	- - - - -	- - - - -	- - - - -	1 - - - -	1 - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	4 3 1 -
463	122	Intestinal Obstruction	{ E. O.	2 - - - -	- - - - -	- - - - -	- - - - -	2 - - - -	2 - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	4 4 3 -
464	123	Diverticulitis ..	{ E. O.	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	2 -
465	123	Other Diseases of the Intestines ..	{ E. O.	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	2 -
466	124	Chirrhosis of the Liver, with mention of Alcoholism ..	{ E. O.	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	4 4 1 -
467	124	Cirrhosis of the Liver, without mention of Alcoholism ..	{ E. O.	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	8 3 1 -
468	125	Acute Yellow Atrophy of the Liver (not associated with Pregnancy or the Puerperium) ..	{ E. O.	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	1 1 1 -
469	125	Other Diseases of the Liver ..	{ E. O.	1 - - - -	- - - - -	- - - - -	- - - - -	1 - - - -	1 - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	1 2 1 -
470	126	Biliary Calculi ..	{ E. O.	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	1 1 1 -
471	127	Cholecystitis without record of Biliary Calculi ..	{ E. O.	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	1 4 1 -
472	128	Diseases of the Pancreas (other than Diabetes) ..	{ E. O.	- - - - -	- - - - -	- - - - -	- - - - -	1 - - - -	1 - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	4 4 1 -
473	129	Peritonitis without Stated Cause ..	{ E. O.	- - - - -	- - - - -	- - - - -	- - - - -	1 - - - -	1 - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	2 2 1 -
		Totals for IX ..	{ E. O.	13 4 3 2 -	149 135 57 74 -	6 11 -	212 220 -	9 1 1 -	1 - 2 -	1 3 2 1 1 1 -	3 4 1 2 1 1 1 -	5 4 9 3 4 1 2 1 1 1 -	7 2 9 2 1 1 1 1 1 1 -	15 4 7 2 1 1 1 1 1 1 -	11 2 1 1 1 1 1 1 1 1 -	11 2 1 1 1 1 1 1 1 1 -	4 1 1 1 1 1 1 1 1 1 -	7 1 1 1 1 1 1 1 1 1 -	2 1 1 1 1 1 1 1 1 1 -	72 49 250 239 -	15 2 1 1 1 1 1 1 1 1 -					
		X. DISEASES OF THE URINARY AND GENITAL SYSTEMS (NOT VENEREAL OR CONNECTED WITH PREGNANCY OR THE PUERPERIUM).																								
500	130	Nephritis, Acute ..	{ E. O.	2 - - - -	- - - - -	- - - - -	- - - - -	2 - - - -	2 - - - -																	

CAUSE OF DEATH.	Race.	WARDS: CORRECTED FOR OUTWARD TRANSFERS BUT NOT FOR INWARD TRANSFERS.																			Not Allocated, Residen- tial Ad- dresses Un- ascer- tained.	TOTALS.																		
		Sea Point		Har- bour		West Cen- tral		Kloof		Park		East Cen- tral		Castle		Wood- stock		Salt River		Mow- bray		Mait- land		Ronde- bosch		Clare- mont		Klak Bay		Wyn- berg										
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.											
IX. DISEASES OF THE DIGESTIVE SYSTEM.																																								
Diseases of the Teeth and Gums ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-											
Septic Sore Throat ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-											
Other Diseases of the Pharynx and Tonsils	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-											
Diseases of Other and Unspecified Sites ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-											
Diseases of the Oesophagus ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-											
Ulcer of the Stomach..	{E. O.	2	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	3	-	1	-	-	1	1	-	8	1	9									
Ulcer of the Duodenum	{E. O.	2	-	-	-	-	-	-	1	-	-	-	-	-	3	-	1	-	1	-	-	2	-	1	-	1	-	6	7	6	7									
Other Diseases of the Stomach (Except Cancer and Other Malignant Tumours)	{E. O.	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-	-	-	-	1	-	-	-	-	-	-	-	2	2	4	2									
Diarrhoea and Enteritis (Under 2 Years of Age) ..	{E. O.	2	-	-	5	1	2	4	2	18	10	2	-	1	16	18	19	22	5	10	2	9	3	1	25	27	28	25	31	25	15	27	24	34	1	1	14	5	19	409
Diarrhoea and Enteritis (2 Years of Age and Over) ..	{E. O.	-	-	-	-	-	-	1	-	2	-	-	-	1	-	1	2	-	1	-	1	2	3	-	2	1	2	1	1	4	1	3	8	19	27					
Ulceration of the Intestines (Except Duodenum) ..	{E. O.	-	1	-	-	-	-	-	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	1	1	1	2					
Appendicitis ..	{E. O.	2	-	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-	1	1	1	1	-	2	-	1	1	-	-	-	6	4	10						
Hernia..	{E. O.	1	-	-	-	-	-	-	1	-	-	-	1	-	-	1	1	-	1	1	-	-	-	1	-	-	-	-	-	4	3	2	6							
Intestinal Obstruction	{E. O.	1	1	-	-	-	1	-	1	-	-	2	1	-	-	1	-	1	-	1	-	-	1	1	-	1	1	-	4	5	9									
Diverticulitis ..	{E. O.	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2									
Other Diseases of the Intestines ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2								
Cirrhosis of the Liver, with mention of Alcoholism ..	{E. O.	1	2	-	1	-	-	-	-	-	1	-	1	-	1	-	1	-	2	-	-	-	-	1	-	-	4	4	1	8										
Cirrhosis of the Liver, without mention of Alcoholism ..	{E. O.	1	1	-	-	-	-	-	-	3	1	-	1	-	-	-	1	-	-	1	-	-	1	1	-	-	8	3	11	3										
Acute Yellow Atrophy of the Liver (not associated with Pregnancy or the Puerperium) ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1	1	1	2										
Other Diseases of the Liver ..	{E. O.	1	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	2	3	4										
Biliary Calculi ..	{E. O.	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	1	2									
Cholecystitis without Record of Biliary Calculi ..	{E. O.	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1	-	1	-	-	-	-	-	1	-	-	1	4	1	5										
Diseases of the Pancreas (Other than Diabetes) ..	{E. O.	1	1	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-	1	-	2	-	1	-	1	-	4	1	5										
Peritonitis without Stated Cause ..	{E. O.	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	2	-	-	-	-	-	-	2	2	4									
Totals for IX ..	{E. O.	15	6	1	2	-	7	3	3	19	14	7	2	2	2	-	3	10	5	3	6	5	4	3	2	7	1	9	6	3	4	1	1	70	44	114				
X. DISEASES OF THE URINARY AND GENITAL SYSTEMS (NOT VENEREAL OR CONNECTED WITH PREGNANCY OR THE PUERPERIUM).																																								
Nephritis, Acute ..	{E. O.	-	-	-	-	-	1	-	1	-	-	-	2	-	-	1	-	-	1	-	1	4	-	3	2	1	4	-	-	1	-	17	9	26						
Nephritis, Chronic ..	{E. O.	5	4	1	1	-	-	1	-	2	2	1	1	2	1	1	3	2	1	2	4	-	3	2	1	2	1	1	1	23	20	25	49							
Nephritis not Stated to be Acute or Chronic	{E. O.	2	2	1	-	-	-	-	-	2	-	1	1	-	1	1	-	1	1	1	1	-	1	1	1	1	1	1	5	7	3	10								
Pyelitis, Pyelonephritis and Pyelocystitis ..	{E. O.	-	-	-	-	-	-	1	-	1	-	1	-	1	-	1	-	1	-	1	-	-	1	-	-	1	-	6	3	4	7									
Other Diseases of the Kidneys and Uterus (not connected with Pregnancy) ..	{E. O.	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	2	-	1									
Calculi of the Urinary Passages ..	{E. O.	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1									
Cystitis ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	1								
Other Diseases of the Bladder ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1									

Death Classification.	Code No. International Code No.	Cause of Death.	Race.	Age-Groups: Corrected for Inward and Outward Transfers in the Case of Europeans but Corrected for Outward Transfers Only in the Case of Non-Europeans.																				TOTALS.						
				0 to 1		1 to 2		2 to 5		Total under 5	5 to 10		10 to 15		15 to 25		25 to 35		35 to 45		45 to 55		55 to 65		65 to 75		75 to 85		85 and up- wards.	Age un- known
				M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.			
572	148	XI. (Contd.) Acute Yellow Atrophy of the Liver (Post- partum) ..	{ E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	
573	148	Other Puerperal Tox- æmias ..	{ E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
574	149	Other Accidents of Childbirth ..	{ E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	9	9	
575	150	Other or Unspecified Diseases of Child- birth and the Puer- perium ..	{ E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	
		Totals for XI ..	{ E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2	25	
		XII. DISEASES OF THE SKIN AND CELLULAR TISSUE.																												
600	151	Carbuncle, Boils ..	{ E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	
601	152	Cellulitis, Acute Ab- scess ..	{ E. O.	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2	1	
602	153	Other Diseases of the Skin, etc. ..	{ E. O.	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2	1	
		Totals for XII ..	{ E. O.	-	-	1	-	1	-	1	-	1	-	-	-	-	-	-	-	-	-	2	-	2	-	1	1	2		
		XIII. DISEASES OF THE BONES—ORGANS OF MOVEMENT.																												
650	154	Osteomyelitis and Periostitis ..	{ E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	1	-	
651	155	Other Diseases of the Bones (except Tuber- culosis) ..	{ E. O.	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	
652	156	Diseases of the Joints (except Tuberculosis and Rheumatism) ..	{ E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
653	156	Diseases of other Or- gans of Movement ..	{ E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	
		Totals for XIII ..	{ E. O.	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	3	-	
		XIV. CONGENITAL MALFORMATIONS.																												
700	157	Congenital Hydroce- phalus ..	{ E. O.	1	1	-	-	1	-	1	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	3	
701	157	Spinal Bifida and Meningocele ..	{ E. O.	1	1	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	
702	157	Congenital Malforma- tion of Heart ..	{ E. O.	4	4	-	-	1	-	1	6	4	8	-	-	-	-	-	-	-	-	-	-	-	-	4	4	2		
703	157	Monstrosities ..	{ E. O.	-	1	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2	-		
704	157	Congenital Pyloric Ste- nosis ..	{ E. O.	-	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-		
705	157	Cleft Palate, Harelip ..	{ E. O.	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-		
706	157	Imperforate Anus ..	{ E. O.	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-		
707	157	Cystic Disease of the Kidney ..	{ E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-		
708	157	Other stated Congeni- tal Malformations ..	{ E. O.	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	
709	157	Unspecified Congeni- tal Malformations ..	{ E. O.	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
		Totals for XIV ..	{ E. O.	7	10	-	-	1	2	-	1	10	15	-	-	-	-	-	-	-	-	-	-	-	-	7	12	5		
		XV. DISEASES PECUL- IAR TO THE FIRST YEAR OF LIFE.																												
750	158	Congenital Debility ..	{ E. O.	2	-	-	-	-	-	2	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	3	2		
751	159	Premature Birth ..	{ E. O.	23	21	-	-	-	-	23	21	-	-	-	-	-	-	-	-	-	-	-	-	-	-	23	21	3		
752	160	Intra-cranial or Spinal Hæmorrhage due to Injury at Birth ..	{ E. O.	7	3	-	-	-	-	12	11	-	-	-	-	-	-	-	-	-	-	-	-	-	-	7	3	-		
753	160	Other Birth Injuries ..	{ E. O.	1	-	-	-	-	-	2	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2	1		
754	161	Asphyxia during or after Birth, Atelectasis ..	{ E. O.	4	3	-	-	-	-	13	8	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	3	-		
755	161	Intoxication due to Maternal Toxaemia	{ E. O.	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-			
756	161	Infections of the New- born, Non-syphilitic Pemphigus ..	{ E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
757	161	Molæna Neonatorum	{ E. O.	3	3	-	-	-	-	3	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	3	-		

Death Classification International Geog.	Cause of Death.	Race.	Wards: Corrected for Outward Transfers but not for Inward Transfers.																				Not Allocated Residential Addresses Unascertained.	Totals																						
			Sea Point 1		Harbour 2		West Central 3		Kloof 4		Park 5		East Central 6		Castle 7		Woodstock 8		Salt River 9		Mowbray 10		Maitland 11		Rondebosch 12		Claremont 13		Kalk Bay 14		Wynberg 15															
			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.														
XV. (Contd.)																																														
6. Other Specified Diseases (including Gangrene or Hæmorrhage of Umbilicus, Icterus Neonatorum, Acute Catarrhal Nephritis) .. .	{ E. O.	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	-	1	-	1	-	1	-	1	-	1	-	1	-	2	-	2	9	-	4	13										
Totals for XV .. .	{ E. O.	2	1	-	7	-	-	5	6	1	2	2	1	4	5	10	16	11	5	4	3	5	3	1	4	5	25	1	1	2	5	14	16	11	1	2	40	27	67	248						
XVI. SENILITY, OLD AGE.																																														
6. Senility (Age 65 and over) .. .	{ E. O.	1	2	-	-	-	-	-	-	3	1	-	-	2	-	-	2	-	1	-	3	3	2	2	-	-	-	1	3	1	3	-	-	1	2	2	-	1	13	19	32	16				
XVII. VIOLENT OR ACCIDENTAL DEATHS.																																														
6. Suicide .. .	{ E. O.	2	3	-	-	-	-	-	-	1	1	-	1	-	-	1	-	1	-	1	-	1	-	1	-	1	-	1	-	1	-	1	-	1	-	1	6	6	12	8						
6. Homicide .. .	{ E. O.	1	2	-	2	-	-	1	-	2	-	1	-	2	-	2	-	2	-	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	6	4	10	37							
6. Accidental Injury by Railway, Road and Other Transport .. .	{ E. O.	-	-	-	-	-	-	-	1	-	2	-	-	2	1	1	1	-	-	1	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	9	3	12	30							
17. Accidental Injury by Industrial or Other Mechanical Causes .. .	{ E. O.	-	1	-	1	-	-	1	2	1	1	-	2	2	-	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	7	9	16	19								
7. Injury by Venomous Animals .. .	{ E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
7. Injury by Other Animals .. .	{ E. O.	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-			
7. Food Poisoning .. .	{ E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
17. Accidental Absorption of Poisonous Gases .. .	{ E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
7. Other Acute Accidental Poisoning (not by Gas) .. .	{ E. O.	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	2	1	-	-	-	-	-	-	-	-	-	-	-	-	1	4	2	6						
18. Conflagration .. .	{ E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
8. Accidental Burns (Conflagration excepted) .. .	{ E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2	1	1	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	3	6	19						
8. Accidental Mechanical Suffocation .. .	{ E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	3	1	4						
8. Accidental Drowning .. .	{ E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	1	1	2	-	1	3	-	-	-	-	-	-	-	-	-	4	6	1	5							
8. Cataclysm (All Deaths, whatever their cause) .. .	{ E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
8. Hunger and Thirst .. .	{ E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
9. Excessive Cold .. .	{ E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
9. Excessive Heat (including Heat Stroke on Mines) .. .	{ E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
9. Lightning .. .	{ E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
9. Other Accidents due to Electric Currents .. .	{ E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
9. Anæsthetic Accidents (Experiments, Normal Childbirth, Sterilising or Aesthetic Operations or Operations of Unknown Nature) .. .	{ E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
9. Lack of Care of the New-born .. .	{ E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
9. Deaths of Persons in Military Service during Operations of War .. .	{ E. O.	-	-	-</td																																										

TABLE A2. DEATHS OF ASIATICS CLASSIFIED AS IN TABLE A1. (Included in Table A1.)

Sec- tion.	Code No.	CAUSE OF DEATH.	AGE GROUPS (YEARS).												TOTALS.																
			DEATHS IN CAPE TOW- NS (EX- CLUDING FOREIGNERS AND NON-PRESIDENTS)												DEATHS IN CAPE TOW- NS (EX- CLUDING FOREIGNERS AND NON-PRESIDENTS)																
			0 to 1		1 to 2		2 to 5		Total under 5		5 to 10		10 to 15		15 to 25		25 to 35		35 to 45		45 to 55		55 to 65		65 to 75		75 to 85		85 and up- wards		Age un- known		Persons.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
I	015	Tuberculosis of respiratory system ..	1	-	-	-	-	1	-	-	1	-	1	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
I	016	Tuberculosis of central nervous system ..	-	1	1	-	1	-	2	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
I	017	Tuberculosis of intestines and peritoneum ..	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
II	100	Cancer and other malignant tumours of the buccal cavity—pharynx ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
II	102	Cancer of the stomach and duodenum ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
II	103	Cancer of the rectum ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
II	104	Cancer of the liver ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
III	152	Diabetes ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
VI	305	Cerebral haemorrhage (not due to injury at birth) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
VI	306	Cerebral embolism and thrombosis ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
VI	310	Convulsions in children under 5 years of age ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
VII	353	Valvular disease specified as sequelae of rheumatic fever ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
VII	354	Other chronic affections of the valves and endocardium ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
VII	357	Other chronic myocarditis ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
VII	358	Diseases of the coronary arteries and angina pectoris ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
VII	367	High blood pressure ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
VII	368	Other diseases of the circulatory system (including hypertension) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
VIII	404	Broncho-pneumonia ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
VIII	405	Pneumonia, lobar ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IX	456	Ulcer of the duodenum ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IX	458	Diarrhoea and enteritis (under 2 years of age) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IX	459	Diarrhoea and enteritis (2 years of age and over) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IX	463	Intestinal obstruction..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
X	501	Nephritis, chronic ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
X	502	Nephritis not stated to be acute or chronic ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
XV	751	Premature birth ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
XV	757	Molaena neonatorum ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
XVI	800	Senility (age 65 and over) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
XVII	888	Accidental absorption of poisonous gases ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
XVII	893	Accidental drowning ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Totals ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			6	6	1	1	2	2	9	9	1	1	1	1	-	4	1	8	3	17	1	12	-	-	1	-	-	56	17	3	

TABLE A2. DEATHS OF ASIATICS CLASSIFIED AS IN TABLE A1. (Included in Table A1).

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See- tion.	Code No.	CAUSE OF DEATH.												TOTALS.				
		WARDS.																
		Sea Point 1	Har- bour 2	West Cen- tral 3	Kloof 4	Park 5	East Cen- tral 6	Castle 7	Wood- stock 8	Salt River 9	Mow- bray 10	Mait- land 11	Ronde- bosch 12	Clare- mont 13	Wyn- berg 14	Persons.		
		M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	Persons.		
I	015	Tuberculosis of respiratory system .:	-	-	-	-	-	2	-	1	-	1	-	-	-	9	1	10
I	016	Tuberculosis of central nervous system .:	-	-	-	-	-	1	-	-	-	-	-	-	-	2	1	3
I	017	Tuberculosis of intestines and peritoneum .:	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
II	100	Cancer and other malignant tumours of the buccal cavity—pharynx .:	-	-	-	-	-	1	-	-	-	-	-	-	-	1	-	1
II	102	Cancer of the stomach and duodenum .:	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
II	103	Cancer of the rectum .:	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
III	152	Diabetes .:	-	-	-	-	-	-	-	-	-	-	-	-	-	5	-	5
VI	305	Cerebral haemorrhage (not due to injury at birth) .:	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2	4
VI	306	Cerebral embolism and thrombosis .:	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	3
VI	310	Convulsions in children under 5 years of age .:	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
VII	353	Valvular disease specified as sequelae of rheumatic fever .:	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
VII	354	Other chronic affections of the valves and endocardium .:	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
VII	357	Other chronic myocarditis .:	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
VII	358	Diseases of the coronary arteries and angina pectoris .:	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6	6
VII	367	High blood pressure .:	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
VII	368	Other diseases of the circulatory system (including hypertension) .:	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
VIII	404	Broncho-pneumonia .:	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
VIII	405	Pneumonia, lobar .:	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
IX	456	Ulcer of the duodenum .:	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
IX	458	Diarrhoea and enteritis (under 2 years of age) .:	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2
IX	459	Diarrhoea and enteritis (2 years of age and over) .:	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
IX	463	Intestinal obstruction .:	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2
X	501	Nephritis, chronic .:	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
X	502	Nephritis not stated to be acute or chronic .:	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
XV	751	Premature birth .:	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
XV	757	Molaena neonatorum .:	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
XVI	800	Senility (age 65 and over) .:	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
XVII	893	Accidental drowning .:	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
	Totals	..	..	..	..	..	..	..	..	..	..	..	..	..	..	6	1	6
																9	-	56
																1	2	17
																6	3	73

TABLE A3. DEATHS OF NATIVES (NOT RESIDENT IN LANGA) CLASSIFIED AS IN
TABLE A1 (Included in Table A1).

Section.	Code No.	Cause of Death.	Age Groups (Years).																		TOTALS.												
			0 to 1		1 to 2		2 to 5		Total under 5	5 to 10		10 to 15		15 to 25		25 to 35		35 to 45		45 to 55		55 to 65		65 to 75		75 to 85		85 and upwards		Age Unknown		TOTALS.	
			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.					
I	001	Typhoid fever . . .	-	-	-	-	1	-	1	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	2	1	3			
I	008	Cerebrospinal meningococcal meningitis . . .	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1			
I	009	Anthrax . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	7	11				
I	011	Whooping cough . . .	2	2	1	4	1	1	4	7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1				
I	012	Diphtheria . . .	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
I	015	Tuberculosis of respiratory system . . .	4	2	1	2	6	3	11	7	2	1	1	10	4	12	9	17	1	11	1	6	-	2	-	-	-	-	72	24	96		
I	016	Tuberculosis of central nervous system . . .	2	-	1	1	3	1	6	2	-	-	-	1	-	3	-	-	-	1	-	-	-	-	-	-	-	11	2	13			
I	017	Tuberculosis of intestines and peritoneum . . .	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	1	2	3			
I	022	Tuberculosis of genito-urinary system . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	1				
I	024	Tuberculosis, acute miliary . . .	-	-	-	-	1	1	-	1	1	-	1	-	-	2	-	-	-	-	-	-	-	-	-	-	-	4	1	5			
I	032	Dysentery, bacillary . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	2	-	2			
I	042	Aneurysm of the aorta . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	1	-	-	-	-	-	-	3	-	3			
I	043	Syphilis, congenital . . .	1	-	-	-	-	-	1	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	1	-	1			
I	044	Syphilis, other forms . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	3				
I	052	Measles . . .	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1			
I	070	Other diseases due to helminths-nematodes, round . . .	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1				
II	102	Cancer of the stomach and duodenum . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	1	-	-	-	-	2	1	3				
II	103	Cancer of the rectum . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	1	1	1				
II	104	Cancer of the liver . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-				
II	106	Cancer of the digestive organs (including peritoneum) . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1					
II	113	Cancer of the prostate . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
II	135	Tumours of brain and other parts of nervous system . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1					
III	149	Acute rheumatic fever . . .	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	2				
III	167	Beri-beri . . .	-	-	-	1	-	1	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	2	-	2				
III	168	Pellagra . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
III	170	Other vitamin-deficiency diseases . . .	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	-	1				
IV	203	Pernicious anaemia . . .	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-				
IV	211	Other diseases of the spleen . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
VI	301	Other forms of encephalitis (non-epidemic) . . .	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1				
VI	302	Meningitis, pneumoencephal . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
VI	303	Other forms of meningitis (non-meningococcal) . . .	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1			
VI	305	Cerebral haemorrhage (not due to injury at birth) . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	1	-	-	-	-	2	2	4				
VI	306	Cerebral embolism and thrombosis . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	-	1			
VI	317	Diseases of the ear and the mastoid process . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	1	-	-	-	-	-	-	-	3	-	3		
VII	351	Other pericarditis . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	3	-	3	
VII	352	Acute endocarditis (excluding rheumatic endocarditis) . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	3	-	3
VII	354	Other chronic affections of the valves and endocardium . . .	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	1	-	-	-	-	-	-	-	2	1	3		
VII	356	Chronic myocarditis specified as rheumatic . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	1	
VII	357	Other chronic myocarditis . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	3	-	3	-	-	-	-	-	-	7	1	8	
VII	358	Diseases of the coronary arteries and angina pectoris . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
VII	359	Heart disease specified as rheumatic . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	1	
VII	360	Heart disease not specified as rheumatic . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	2	-	2	
VII	362	Arterio sclerosis, excluding diseases of the coronary arteries, renal sclerosis and cerebral haemorrhage . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
VII	367	High blood pressure . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	2	2	4		
VIII	402	Bronchitis, acute . . .	5	7	1	3	-	1	6	11	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1				
VIII	403	Bronchitis, chronic . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6	11	17				
VIII	404	Broncho-pneumonia																															

**TABLE A3. DEATHS OF NATIVES (NOT RESIDENT IN LANGA) CLASSIFIED AS IN
TABLE A1 (Included in Table A1).**

CAUSE OF DEATH.	WARDS.															Not allocated. Residential addresses un- aseer- tained.	TOTALS.																
	Sea Point		Har- bour		West Cen- tral		Kloof		Park		East Cen- tral		Castle		Wood- stoek		Salt River		Mow- bray		Majt- land		Ronde- bosch		Clare- mont		Kalk Bay		Wyn- berg				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.			
Typhoid fever ..	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	2	1	3				
Cerebrospinal meningo- eocoeal meningitis ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1						
Whooping cough ..	2	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	4	1	1	-	-	1	4	7	11				
Diphtheria ..	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1					
Tuberculosis of respi- ratory system ..	1	-	7	1	4	2	2	2	-	-	8	2	3	2	-	-	1	-	-	6	4	11	5	10	2	16	3	2	1	1	72	24	96
Tuberculosis of central nervous system ..	1	-	-	1	-	-	1	-	-	-	1	1	-	-	-	-	-	-	1	-	1	-	1	-	3	-	11	2	13				
Tuberculosis of intes- tines and peritoneum ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-	-	-	1	2	3			
Tuberculosis of genito- urinary system ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1			
Tuberculosis, acute mili- ary ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2	1	-	-	-	-	-	4	1	5			
Dysentery, bacillary ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	2	-	2			
Aneurysm of the aorta ..	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	3	-	3			
Syphilis, congenital ..	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1				
Syphilis, other forms ..	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	3				
Measles ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	3	-	1			
Other diseases due to helminths-nematodes, round ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1		
Cancer of the stomach and duodenum ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1				
Cancer of the rectum ..	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	2	1	3				
Cancer of the liver ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1	1	2				
Cancer of other digestive organs (including pe- ritoneum) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1	-	1				
Cancer of the prostate ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1	-	1				
Tumours of brain and other parts of nervous system ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1	-	1				
Acute rheumatic fever ..	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1				
Beri-beri ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1	-	2				
Pellagra ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	2	-	1				
Other vitamin-deficien- cy diseases ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	2				
Pernicious anaemia ..	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1				
Other forms of encepha- litis (non-epidemic) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1				
Other forms of menin- gitis (non-meningo- eocoeal) ..	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1				
Cerebral haemorrhage (not due to injury at birth) ..	-	-	1	-	1	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	2	2	4		
Cerebral embolism and thrombosis ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	-	1			
Other pericarditis ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	-	3			
Acute endocarditis (ex- cluding rheumatic en- docarditis) ..	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	3				
Other chronic affections of the valves and en- doecardium ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	1	3			
Chronic myocarditis specified as rheumatic ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	2			
Other chronic myocardi- tis ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1			
Heart disease specified as rheumatic ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	3	-	1	-	1	-	7	1	8			
Heart disease not speci- fied as rheumatic ..	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1				
Arterio-sclerosis exclud- ing diseases of the coronary arteries, re- nal sclerosis and cere- bral haemorrhage ..	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	2	-	2			
High blood pressure ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	2	2</				

TABLE A3 (*Continued*).

Section.	Code No.	CAUSE OF DEATH.	AGE GROUPS (YEARS).																			TOTALS											
			0 to 1		1 to 2		2 to 5		Total under 5		5 to 10		10 to 15		15 to 25		25 to 35		35 to 45		45 to 55		55 to 65		65 to 75		75 to 85		85 and upwards		Age unknown		Persons
			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.					
IX	472	Diseases of the pancreas (other than diabetes)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1			
IX	473	Peritonitis without stated cause	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
X	500	Nephritis, acute ..	1	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	3	-	3		
X	501	Nephritis, chronic ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
X	502	Nephritis not stated to be acute or chronic ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	1		
X	503	Pyelitis, pyelonephritis and pyelocystitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
XI	567	General or local puerperal infection (including puerperal tetanus) with or without mention of pyelitis ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
XI	574	Other accidents of child-birth ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	2	2		
XI	575	Other or unspecified diseases of childbirth and the puerperium ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	2	2			
XIV	702	Congenital malformation of heart ..	1	1	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1			
XV	750	Congenital debility ..	-	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1		
XV	751	Premature birth ..	7	11	-	-	-	-	7	11	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	7	11	18		
XV	752	Intra-cranial or spinal haemorrhage due to injury at birth ..	3	1	-	-	-	-	3	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	1	4		
XV	753	Other birth injuries ..	-	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1			
XV	758	Other specified diseases peculiar to the first year of life (including gangrene or haemorrhage of umbilicus, icterus neonatorum, acute catarrhal hepatitis) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	1		
XVII	850	Suicide ..	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	1	2		
XVII	863	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	3	-	3	-	2	-	-	-	-	-	-	8	1		
XVII	864	Homicide ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	9	-		
XVII	867	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
XVII	868	Accidental injury by railway, road and other transport ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	2	-	1	2	1	-	-	-	-	-	5	2			
XVII	879	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	1	-	-	-	-	-	-	-	3	1		
XVII	880	Accidental injury by industrial or other mechanical causes ..	-	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	1	-	1	-	-	-	-	-	-	-	-		
XVII	882	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
XVII	885	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
XVII	886	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
XVII	894	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
XVII	897	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
XVII	908	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
XVII	888	Accidental absorption of poisonous gases ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	
XVII	891	Accidental burns (conflagration excepted)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	
XVII	892	Accidental mechanical suffocation ..	-	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	1		
XVII	916	Open verdict ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-	2	-	1
XVIII	951	Ill-defined causes ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	
XVIII	953	Other deaths from unknown or unspecified causes ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	
	Totals ..		70	60	17	29	15	15	102	104	4	2	3	1	17	10	37	14	37	13	31	8	19	2	7	2	3	2	-	-	260	158	410

TABLE A3 (*Continued*).

Code No.	CAUSE OF DEATH.	WARDS:																			Not allocated. Residential addresses unascertained.	TOTALS.															
		Sea Point 1		Harbour 2		West Central 3		Kloof 4		Park 5		East Central 6		Castle 7		Woodstock 8		Salt River 9		Mowbray 10		Maitland 11		Rondebosch 12		Claremont 13		Kalk Bay 14		Wynberg 15							
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.						
472	Diseases of the pancreas (other than diabetes)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1					
500	Nephritis, acute	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	3						
502	Nephritis not stated to be acute or chronic..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	3					
567	General or local puerperal infection (including puerperal tetanus) with or without mention of pyelitis ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1						
574	Other accidents of child birth ..	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2				
575	Other or unspecified diseases of childbirth and the puerperium..	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2				
702	Congenital malformation of heart..	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1			
750	Congenital debility ..	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	2			
751	Premature birth ..	-	-	-	1	-	-	2	1	1	-	-	1	-	2	1	-	-	-	-	2	-	1	2	-	4	-	-	-	-	1	-	1				
752	Intra-cranial or spinal haemorrhage due to injury at birth ..	-	-	1	-	-	-	2	1	1	-	-	1	-	2	1	-	-	-	-	2	-	1	2	-	4	-	-	-	-	7	11	13				
753	Other birth injuries ..	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	3	1	4				
758	Other specified diseases peculiar to the first year of life (including gangrene or haemorrhage of umbilicus, icterus neonatorum, acute catarrhal hepatitis) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1					
850	Suicide ..	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2	-	1				
863		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
864	Homicide ..	-	-	1	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	2	1	-	-	1	-	1	-	-	1	-	8	1	-	1		
867		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
868	Accidental injury by railway, road and other transport ..	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	2	-	-	-	1	-	-	1	-	2	-	-	-	-	-	5	2	7		
879	Accidental injury by industrial or other mechanical causes ..	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	1	-	2	-	-	-	-	-	-	-	-	-	
880		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	1	-	2	-	-	-	-	-	-	-	-	-	-
882		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	1	-	1	-	-	-	-	-	-	-	-	-	-
885		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
886		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
894		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
897		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
908		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
892	Accidental mechanical suffocation ..	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
916	Open verdict ..	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	
951	Ill-defined causes ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	
953	Other deaths from unknown or unspecified causes ..	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	
	Totals ..	5	-	18	8	9	8	17	14	2	-	24	10	11	10	6	4	5	2	-	-	26	19	46	32	29	14	48	32	7	4	7	1	260	158	418	

TABLE A4.—DEATHS OF RESIDENTS IN WINDERMERE CLASSIFIED AS IN TABLE A1. (Not included therein.)

Section.	Code No.	Cause of Death.	Race.	Age Groups (Years).																			TOTAL										
				0 to 1		1 to 2		2 to 5		Total under 5		5 to 10		10 to 15		15 to 25		25 to 35		35 to 45		45 to 55		55 to 65		65 to 75		75 to 85		85 and upwards			
				M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.				
I	001	Typhoid fever . . .	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
I	008	Cerebrospinal meningo- eal meningitis . . .	{E. O.	-	-	1	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
I	011	Whooping cough . . .	{E. O.	2	1	-	-	-	-	2	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
I	012	Diphtheria . . .	{E. O.	1	-	-	-	1	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
I	015	Tuberculosis of respiratory system . . .	{E. O.	3	2	-	-	4	2	5	5	11	1	1	1	3	9	12	8	6	10	5	15	2	1	4	1	-	-	-	1	53	41
I	016	Tuberculosis of central nervous system . . .	{E. O.	-	-	-	1	1	-	-	1	1	-	1	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	5	1	
I	024	Tuberculosis, acute mili- ary . . .	{E. O.	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	2	-	
I	027	Purulent infection and septicaemia (non-puer- peral) . . .	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
I	032	Dysentery, bacillary . . .	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	1	2
I	033	Dysentery, amoebic . . .	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	1	
I	035	Dysentery, other and un- specified forms . . .	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1		
I	042	Aneurysm of the aorta . . .	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2	1	1	-	-	-	-	-	-	-	-	4	5	
I	043	Syphilis, congenital . . .	{E. O.	7	5	-	1	-	1	7	7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	7	14		
I	044	Syphilis, other forms . . .	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	2		
I	048	Influenza with respiratory complications specified	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	1	
I	049	Influenza without respira- tory complications spe- cified . . .	{E. O.	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	
I	074	Venereal diseases (other than syphilis or gonor- rhoea) . . .	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	
II	102	Cancer of the stomach and duodenum . . .	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	1	-	-	-	-	-	-	2	3		
II	104	Cancer of the liver . . .	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	1		
II	110	Cancer of the uterus . . .	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	2			
II	111	Cancer of the other female genital organs . . .	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1			
II	135	Tumour of the brain and other parts of nervous system . . .	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	1	
III	149	Acute rheumatic fever . . .	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	1	2	
III	150	Chronic rheumatism, osteo- arthritis, etc. . .	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	1	
III	152	Diabetes . . .	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	1	2	
III	170	Other vitamin-deficiency diseases . . .	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1		
IV	206	Other and unspecified anaemias . . .	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1		
VI	301	Other forms of encephali- tis (non-epidemic) . . .	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	1	
VI	302	Meningitis, pneumococcal	{E. O.	-	-	-	1	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2		
VI	305	Cerebral haemorrhage (not due to injury at birth) . . .	{E. O.	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1	2	3	2	1	2	-	-	-	1	12		
VI	309	Epilepsy . . .	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	1	
VI	317	Diseases of the ear and the mastoid process . . .	{E. O.	1	1	1	-	-	-	-	2	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	3	4			
VII	351	Other pericarditis . . .	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	2			
VII	352	Acute endocarditis (ex- cluding rheumatic endo- carditis) . . .	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1		
VII	353	Valvular disease specified as sequelae of rheumatic fever . . .	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1			
VII	354	Other chronic affections of the valves and endocar- dium . . .	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	1	-	-	-	-	-	-	1	3			
VII	355	Acute myocarditis . . .	{E. O.	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1			
VII	357	Other chronic myocarditis	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	1	2	4	1	-	-	2	11				

TABLE A4 (*Continued*).

TABLE A5. DEATHS OF NATIVES RESIDENT IN LANGA CLASSIFIED AS IN TABLE A1.
(Excluded from Table A1.)

TABLE B.—Deaths Classified for Causes and Race : 1944-45.

(European corrected for inward and outward transfers, non-European for outward only.)

Diseases.	Europ. ean.	Native (not Langa).	Asiatic.	Other Coloured.	Non- Euro- pean.	Total all races.	Native (Langa).
Typhoid and paratyphoid fevers	3	3	—	10	13	16	3
Plague	—	—	—	—	—	—	—
Meningococcal cerebrospinal meningitis	6	1	—	15	16	22	—
Scarlet fever	1	—	—	1	1	2	—
Whooping cough	2	11	—	75	86	88	13
Diphtheria	5	1	—	9	10	15	—
Erysipelas	—	—	—	—	—	—	—
Tetanus	2	—	—	1	1	3	—
Tuberculosis of respiratory system	112	96	10	688	794	906	39
Tuberculosis of central nervous system	14	13	3	111	127	141	4
Tuberculosis, other forms	6	9	1	57	67	73	7
Leprosy	—	—	—	—	—	—	—
Purulent infection and septicaemia (non puerperal)	4	—	—	2	2	6	—
Gonococcal infections (all sites)	—	—	—	—	—	—	—
Dysentery (all forms)	2	2	—	3	5	7	1
Syphilis (all forms, including parasyphilitic diseases)	17	7	—	61	68	85	—
Influenza	5	—	—	7	7	12	1
Smallpox	—	—	—	—	—	—	—
Measles	2	1	—	8	9	11	2
Acute poliomyelitis and polioencephalitis	1	—	—	1	1	2	1
Acute infectious encephalitis (lethargic or epidemic)	—	—	—	1	1	—	—
Typhus and Typhus-like diseases (rickettsioses)	—	—	—	—	—	—	—
Rest of Section I (001-077). Other infective and parasitic diseases	3	1	—	6	7	10	—
Cancer (all forms)	236	8	3	125	136	372	5
Rest of Section II (100-136). Tumours, non-malignant, or of undetermined nature	10	1	—	3	4	14	—
Acute rheumatic fever	8	2	—	19	21	29	—
Diabetes	45	—	5	23	28	73	1
Rest of Section III (149-170). Other forms of rheumatism, diseases of nutrition and of the endocrine glands, "other general diseases," and vitamin deficiency diseases	6	4	—	9	13	19	1
Section IV (200-214). Diseases of the blood and blood-forming organs	14	1	—	5	6	20	2
Section V (250-258). Chronic poisonings and intoxication	—	—	—	1	1	—	—
Intracranial lesions of vascular origin	174	5	7	159	183	357	2
Rest of Section VI (300-317). Other diseases of the nervous system and sense organs	35	2	1	68	59	94	—
Cardiac diseases	485	21	16	347	384	869	9
Arteriosclerosis (excluding diseases of the coronary arteries, renal sclerosis and cerebral haemorrhage)	78	4	—	28	32	110	3
Rest of Section VII (350-368). Other diseases of the circulatory system	31	1	2	41	44	75	—
Bronchitis and pneumonia (all forms)	78	83	3	389	475	553	17
Rest of Section VIII (400-418). Other diseases of the respiratory system	30	5	—	25	30	60	1
Ulcer of the stomach and duodenum	18	—	1	9	10	28	—
Diarrhoea and enteritis (under two years of age)	20	65	4	340	409	429	28
Diarrhoea and enteritis and ulceration of the intestines (two years old and over)	10	3	2	24	29	39	2
Appendicitis	11	—	—	4	4	15	1
Diseases of the liver and biliary passages	28	2	—	10	12	40	—
Rest of Section IX (450-473). Other diseases of the digestive system	34	3	1	21	25	59	—
Nephritis	60	4	7	70	81	141	2
Rest of Section X (500-515). Other diseases of the urinary and genital systems (not venereal or connected with pregnancy or the puerperium)	27	—	—	24	24	51	1
Puerperal sepsis	—	2	—	2	4	4	—
Rest of Section XI (550-575). Other diseases of pregnancy, childbirth and the puerperal state	2	3	—	15	18	20	3
Section XII (600-602). Diseases of the skin and cellular tissue	7	—	—	4	4	11	—
Section XIII (650-653). Diseases of the bones—organs of movement	—	—	—	6	6	6	—
Section XIV (700-709). Congenital malformations	19	2	—	24	26	45	1
Section XV (750-758). Diseases peculiar to the first year of life	67	25	5	218	248	315	9
Section XVI (800). Senility (age 65 and over)	32	—	1	15	16	48	—
Suicide	12	2	—	4	6	18	1
Rest of Section XVII (850-916). Other violent or accidental deaths*	59	23	1	163	127	186*	6
Section XVIII (950-953). Causes ill-defined or unknown	7	2	—	17	19	26	3
Total	1,828	418	73	3,208	3,699	5,527	169

* In addition to the figures against this cause of death, there are the deaths of 10 newly-born infants ; 9, (7 males, 2 females) of unknown race and 1 of unknown race and sex.

Table C.—Death Rates per 1,000 Population for 1944-45 and Ten Previous Years by Causes and Race.

(European corrected for inward and outward transfers, non-European for outward only.)

Disease.	Race.	1934. —	1935. —	1936. —	1937. —	1938. —	1939. —	1940. —	1941. —	1942. —	1943. —	1944. —	Mean for 10 years.	1944. —	1945. —
Enteric fever ..	Eur.	0·04	0·02	0·01	0·03	0·01	0·01	0·02	0·01	0·02	0·02	0·19	0·02	0·19	0·02
	Non-E.	0·07	0·04	0·09	0·05	0·03	0·03	0·06	0·07	0·08	0·04	0·06	0·06	0·06	0·07
Measles ..	Eur.	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Non-E.	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Scarlet fever ..	Eur.	0·01	0·02	0·02	0·01	—	—	—	—	—	—	—	—	—	—
	Non-E.	—	0·01	0·01	—	—	—	—	—	—	—	—	—	—	—
Whooping cough ..	Eur.	0·03	0·07	0·02	0·14	0·01	0·02	0·02	0·03	0·02	0·02	0·01	0·04	0·02	0·01
	Non-E.	0·14	1·26	0·16	0·54	0·43	0·27	0·33	0·03	0·18	0·18	0·03	0·34	0·34	0·49
Diphtheria ..	Eur.	0·06	0·07	0·01	0·12	0·08	0·23	0·31	0·12	0·05	0·04	0·06	0·02	0·06	0·03
	Non-E.	0·14	0·12	0·12	0·23	0·23	0·23	0·23	0·12	0·05	0·10	0·09	0·08	0·13	0·06
Influenza ..	Eur.	0·20	0·24	0·08	0·15	0·09	0·10	0·11	0·11	0·05	0·05	0·05	0·08	0·12	0·03
	Non-E.	0·20	0·23	0·12	0·16	0·10	0·08	0·11	0·06	0·05	0·05	0·05	0·08	0·12	0·04
Purulent infection—septicaemia, and erysipelas (<i>non-puerperal</i>) ..	Eur.	0·07	0·17	0·11	0·12	0·06	0·06	0·04	0·03	0·09	0·08	0·01	0·08	0·02	0·01
	Non-E.	0·08	0·11	0·11	0·09	0·11	0·11	0·10	0·10	0·09	0·04	0·06	0·06	0·08	0·01
Acute anterior poliomyelitis and polioencephalitis ..	Eur.	0·01	—	0·01	0·03	—	—	—	—	0·01	—	—	—	0·01	0·01
	Non-E.	0·02	—	—	—	—	—	—	—	0·01	—	—	—	0·00	0·01
Acute infectious encephalitis ..	Eur.	0·01	0·01	0·01	0·01	—	—	0·01	0·01	0·01	0·03	—	0·01	—	—
	Non-E.	0·01	0·03	0·01	0·01	0·01	0·01	0·01	0·02	—	0·01	0·01	0·00	0·01	0·01
Meningococcal cerebrospinal meningitis ..	Eur.	0·02	0·01	0·05	0·01	0·01	0·01	0·02	0·01	0·01	0·01	0·06	0·02	0·04	0·04
	Non-E.	0·11	0·07	0·06	0·03	0·11	0·05	0·05	0·05	0·02	0·02	0·19	0·08	0·08	0·09
Tuberculosis, respiratory system ..	Eur.	0·76	0·67	0·48	0·73	0·74	0·58	0·66	0·68	0·56	0·68	0·66	0·66	0·70	0·70
	Non-E.	3·99	3·85	3·60	4·05	4·04	3·56	4·03	4·45	4·97	5·36	4·97	5·36	4·22	4·57
Tuberculosis, other forms ..	Eur.	0·10	0·13	0·08	0·14	0·10	0·15	0·10	0·07	0·16	0·11	0·11	0·12	0·12	0·12
	Non-E.	0·67	0·61	0·58	0·71	0·73	0·69	0·76	0·98	1·14	1·10	1·10	0·81	1·12	1·12
Syphilis ..	Eur.	0·08	0·07	0·07	0·05	0·05	0·06	0·09	0·12	0·12	0·06	0·06	0·06	0·02	0·02
	Non-E.	0·76	0·72	0·68	0·66	0·53	0·52	0·54	0·39	0·35	0·35	0·53	0·53	0·21	0·21
General paralysis of the insane : tabes dorsalis ..	Eur.	0·03	0·05	0·05	0·05	0·05	0·04	0·04	0·03	0·04	0·04	0·01	0·04	0·02	0·02
	Non-E.	0·16	0·17	0·12	0·16	0·09	0·10	0·09	0·14	0·11	0·11	0·11	0·12	0·09	0·09
Aneurysm of the aorta ..	Eur.	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cancer ..	Eur.	1·26	1·40	1·31	1·51	1·34	1·10	1·27	1·54	1·54	1·57	1·57	1·41	1·47	1·47
	Non-E.	0·72	0·79	0·70	0·71	0·76	0·67	0·79	0·79	0·71	0·71	0·74	0·74	0·71	0·78

Table C—Continued.

Disease.	Race.	1934. —	1935. —	1936. —	1937. —	1938. —	1939. —	1940. —	1941. —	1942. —	1943. —	Mean for 10 years.	1944. —	1945. —
Acute rheumatic fever	Eur. Non-E.	0·06 0·21	0·05 0·25	0·08 0·14	0·03 0·13	0·02 0·13	0·04 0·13	0·02 0·13	0·08 0·12	0·03 0·12	0·05 0·12	0·05 0·16	0·05 0·16
Diabetes	Eur. Non-E.	0·32 0·13	0·37 0·11	0·29 0·17	0·36 0·18	0·23 0·21	0·26 0·14	0·32 0·15	0·34 0·11	0·33 0·18	0·32 0·16	0·33 0·16	0·33 0·16
*Intracranial lesions of vascular origin	Eur. Non-E.	0·18 0·09	0·09 0·08	0·12 0·04	0·14 0·12	0·08 0·08	0·07 0·08	0·84 0·95	0·09 0·72	0·96 0·76	1·04 0·93	1·09 1·11	1·09 1·11
*Arterio-sclerosis	Eur. Non-E.	1·11 0·91	1·25 0·89	1·08 0·96	1·20 1·18	1·47 1·20	1·70 1·16	0·37 0·29	0·27 0·19	0·52 0·11	0·47 0·19	1·44 1·11	1·05 0·18
Cardiac diseases	Eur. Non-E.	2·12 1·84	1·97 2·02	2·19 1·75	2·05 1·74	1·82 1·71	1·83 1·38	2·26 1·65	2·57 2·09	3·05 2·05	2·68 2·24	2·30 1·86	3·03 2·21
Bronchitis and pneumonia	Eur. Non-E.	0·97 5·63	0·73 4·57	0·60 3·44	0·73 4·92	0·68 4·12	0·53 3·71	0·60 3·83	0·56 3·67	0·59 3·27	0·45 3·94	0·65 4·08	0·49 2·73
Diarrhoea and enteritis	Eur. Non-E.	0·29 2·87	0·24 2·49	0·27 1·94	0·15 2·50	0·16 1·88	0·26 2·15	0·20 2·64	0·36 3·29	0·29 2·54	0·25 2·69	0·24 2·51	0·19 2·52
Nephritis	Eur. Non-E.	0·65 0·73	0·55 0·77	0·43 0·63	0·46 0·50	0·41 0·53	0·40 0·67	0·38 0·45	0·40 0·44	0·30 0·53	0·43 0·53	0·46 0·56	0·37 0·47
Puerperal sepsis	Eur. Non-E.	0·03 0·09	0·04 0·13	0·02 0·06	0·03 0·09	0·01 0·06	0·01 0·09	0·02 0·08	0·02 0·06	0·01 0·07	0·03 0·10	0·02 0·08	0·02 0·02
Other diseases of pregnancy, childbirth, and puerperal state	Eur. Non-E.	0·03 0·13	0·03 0·08	0·05 0·18	0·05 0·11	0·03 0·11	0·03 0·08	0·02 0·19	0·02 0·11	0·03 0·16	0·04 0·12	0·03 0·12	0·01 0·10	0·01 0·10
Congenital malformations and diseases of early infancy..	Eur. Non-E.	0·46 1·46	0·44 1·54	0·45 1·49	0·36 1·55	0·37 1·61	0·41 1·40	0·47 1·62	0·47 1·63	0·52 1·45	0·44 1·69	0·44 1·55	0·54 1·58	0·54 1·58
Senility	Eur. Non-E.	0·18 0·23	0·17 0·13	0·21 0·10	0·13 0·19	0·22 0·10	0·14 0·13	0·16 0·15	0·19 0·15	0·13 0·18	0·18 0·06	0·17 0·14	0·20 0·09
Violence	Eur. Non-E.	0·58 0·64	0·47 0·74	0·44 0·58	0·40 0·69	0·45 0·67	0·49 0·65	0·51 0·93	0·59 0·91	0·47 0·65	0·38 0·77	0·49 0·73	0·44 0·77
Other diseases	Eur. Non-E.	1·42 2·19	1·31 1·93	1·50 1·66	1·53 1·92	1·68 1·99	1·68 1·76	1·77 1·83	1·77 2·02	1·50 1·60	1·56 1·82	1·65 1·86	1·65 1·58
Total	Eur. Non-E.	11·13 24·80	10·88 23·74	9·87 19·49	10·59 23·47	10·12 21·69	9·77 19·88	10·09 21·79	11·36 23·39	11·74 21·70	10·99 25·85	10·85 22·41	11·41 21·29

* There has been some variation in the allocation of deaths as between these two causes.

Table D.—Deaths by Causes, Race and Date of Registration. 1944-45.

(Europeans corrected for inward and outward transfers, Non-European for outward only.)

Diseases.	Race.	July (4 weeks).	August (5 weeks).	September (4 weeks).	October (5 weeks).	November (4 weeks).	December (4 weeks).	January (5 weeks).	February (4 weeks).	March (4 weeks).	April (4 weeks).	May (5 weeks).	June (4 weeks).	Year (52 weeks).	
Enteric fever ..	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	1	3
Meningococcal cerebrospinal meningitis	Non-E.	1	1	1	1	3	1	1	2	2	1	1	1	2	13
Scarlet fever ..	Eur.	3	1	1	1	—	—	1	—	—	—	—	—	1	6
Whooping cough ..	Non-E.	1	—	—	—	—	—	—	—	—	—	1	3	3	16
Diphtheria ..	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	5
Purulent infection—septicaemia and erysipelas (<i>non-puerperal</i>)	Non-E.	—	—	1	—	—	—	—	—	—	—	—	—	—	4
Tuberculosis, respiratory system ..	Eur.	12	7	5	19	5	8	11	9	11	10	10	5	112	
Tuberculosis, other forms ..	Non-E.	70	74	58	78	70	52	72	63	61	54	84	58	794	
Syphilis (all forms, including parasyphilitic diseases)	Eur.	3	3	1	1	—	—	—	—	—	—	—	—	17	
Influenza ..	Non-E.	7	8	6	7	3	4	6	4	4	5	4	10	68	
Measles ..	Eur.	—	—	3	—	1	—	—	—	—	—	—	—	5	
Acute anterior poliomyelitis and polioencephalitis	Non-E.	1	—	1	—	1	—	—	1	—	—	1	—	7	
Acute infectious encephalitis	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	1	
Cancer ..	Eur.	17	27	19	24	17	17	29	23	17	15	17	14	236	
Acute rheumatic fever	Non-E.	8	17	7	12	11	11	14	13	6	11	12	14	136	
Diabetes ..	Eur.	2	1	3	2	3	3	1	3	3	—	—	—	8	
Intracranial lesions of vascular origin ..	Eur.	15	19	13	23	9	11	23	12	8	11	18	12	174	
Arterio-sclerosis (excluding diseases of the coronary arteries, renal sclerosis, and cerebral haemorrhage)	Non-E.	11	14	17	22	11	11	21	23	10	10	27	15	183	
Cardiac diseases ..	Eur.	52	38	34	54	22	33	51	36	36	38	50	41	485	
Pronchitis and pneumonia ..	Non-E.	40	45	27	60	24	26	32	25	11	20	35	39	384	
Diarrhoea and enteritis ..	Eur.	13	9	3	6	2	2	11	2	8	4	9	9	78	
Nephritis ..	Non-E.	49	73	55	44	35	36	43	37	21	19	35	28	475	
Puerperal sepsis ..	Eur.	2	3	1	—	—	—	—	—	—	—	—	—	8	
Other diseases of pregnancy, childbirth, and the puerperal state	Non-E.	8	13	4	8	16	52	92	66	48	45	56	30	438	
Congenital malformations and diseases of early infancy	Eur.	4	4	1	6	2	2	7	7	5	8	7	7	60	
Senility ..	Non-E.	7	7	8	8	5	2	7	5	7	8	10	7	81	
Violence ..	Eur.	3	3	4	6	1	3	1	1	3	—	—	—	32	
All causes ..	Non-E.	176	176	133	194	108	133	182	144	144	132	176	130	1,828	
		291	367	266	360	270	281	392	324	241	242	370	295	3,699	

Table E.—Registered Births and Still-Births for the year 1944-1945 classified as to Race, Sex, Legitimacy and Wards.

(Corrected for outward transfers.)

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Wards	EUROPEAN.										NON-EUROPEAN.										TOTALS.										STILL-BIRTHS.					
	Legitimate.					Illegitimate.					Legitimate.					Illegitimate.					European.					Non-European.					Total still-births.					
	Males.	Fe-males.	Males.	Fe-males.	Total.	Males.	Fe-males.	Males.	Total.	Males.	Fe-males.	Males.	Total.	Eur.	Non-Eur.	Total.	Legit.	Illegit.	Legit.	Illegit.	Legit.	Illegit.	Legit.	Illegit.	Legit.	Illegit.	Total still-births.									
1. Sea Point ..	198	165	4	1	202	166	368	15	12	16	15	31	27	58	368	58	426	6	—	—	—	4	10	10	10	10	10	10								
2. Harbour ..	26	29	3	1	29	30	59	47	46	31	25	78	71	149	59	149	208	1	—	—	3	2	6	6	6	6	6	6	6							
3. West Central ..	9	4	—	—	9	4	13	83	80	32	25	115	105	220	13	220	233	—	—	—	5	5	10	10	10	10	10	10	10							
4. Kloof ..	85	102	6	2	91	104	195	122	153	61	47	183	200	383	195	383	578	3	—	—	9	7	19	19	19	19	19	19	19							
5 Park ..	..	120	109	6	2	126	111	237	12	10	13	17	25	27	52	237	52	289	3	1	—	—	4	8	8	8	8	8	8	8					
6. East Central ..	99	90	2	7	101	97	198	424	382	129	123	553	505	1,058	198	1,058	1,256	8	—	—	30	16	54	54	54	54	54	54	54	54						
7. Castle ..	..	10	6	1	1	11	7	18	277	267	81	79	358	346	704	18	704	722	—	—	—	20	5	25	25	25	25	25	25	25	25				
8. Woodstock ..	119	100	5	8	124	108	232	211	219	57	60	268	279	547	232	547	779	6	1	11	11	3	21	21	21	21	21	21	21	21	21					
9. Salt River ..	154	150	7	10	161	160	321	147	163	28	43	175	206	381	321	381	702	4	—	—	11	8	23	23	23	23	23	23	23	23	23					
10. Mowbray ..	127	114	7	9	134	123	257	31	37	19	9	50	46	96	257	96	353	3	—	—	5	2	10	10	10	10	10	10	10	10	10					
11. Maitland ..	184	169	5	5	189	174	363	236	206	74	74	310	285	595	363	595	958	7	3	3	18	18	46	46	46	46	46	46	46	46	46					
12. Rondebosch ..	131	126	3	3	134	129	263	510	510	133	122	643	632	1,275	263	1,275	1,538	6	1	47	15	69	69	69	69	69	69	69	69	69						
13. Claremont ..	244	230	10	5	254	235	489	406	378	104	108	510	486	996	489	996	1,485	7	—	—	23	12	42	42	42	42	42	42	42	42						
14. Kalk Bay ..	48	41	—	—	48	41	89	156	116	64	65	220	181	401	89	401	490	3	—	—	13	13	29	29	29	29	29	29	29	29	29					
15 Wynberg ..	223	192	4	5	227	197	424	337	312	76	79	413	391	804	424	804	1,228	10	—	—	27	7	44	44	44	44	44	44	44	44	44					
Total ..	1,777	1,627	74	68	1,851	1,695	3,546	3,017	2,892	933	913	3,950	3,805	7,755	3,546	7,755	11,311*	67	6	222	123	418	418	418	418	418	418	418	418	418	418	418				

Excluded from above figures.

(1) Births in Cape Town which did not belong thereto ..

(2) Langa Township ..

* Including ten of unknown race.

TABLE F.—Births, Deaths, Natural Increase, and Infant Deaths, and corresponding rates, for the year 1944-45.

Race.	Births.		Deaths.		Natural Increase.		Deaths under one year old.	
	Number.	Rate.	Number.	Rate.	Number.	Rate.	Number.	Rate.
Europeans :								
uncorrected ..	4,124	25.75	2,062	12.88	2,062	12.87	148	35.89
corrected for outward transfers ..	3,546	22.14	1,754	10.95	1,792	11.19	120	33.84
corrected for outward and inward transfers ..	3,608	22.53	1,828	11.41	1,780	11.12	125	34.65
Natives (not Langa) :								
uncorrected ..	..	..	672	56.77	468	39.54	204	17.23
corrected for outward transfers ..	..	..	656	55.42	418	35.31	238	20.11
Asiatics :								
uncorrected ..	..	..	233	56.30	76	18.36	157	37.94
corrected for outward transfers ..	..	..	232	56.06	73	17.64	159	38.42
Other Coloured :								
uncorrected ..	..	..	7,118	45.11	3,544	22.46	3,574	22.65
corrected for outward transfers ..	..	..	6,867	43.52	3,208	20.33	3,659	23.19
All non-Europeans :								
uncorrected ..	..	..	8,023	46.17	4,088	23.53	3,935	22.65
corrected for outward transfers ..	..	..	7,755	44.63	3,699	21.29	4,056	23.34
All races :								
uncorrected ..	..	..	12,157*	36.41	6,160*	18.45	5,997*	17.96
corrected for outward transfers ..	..	..	11,311*	33.87	5,463*	16.36	5,848*	17.51
Natives resident at Langa Township	132	17.00	169	21.73	-37	-4.73	51	386.36

All rates are per 1,000 population except the infant mortality rate, which is per 1,000 births.
* Including ten of unknown race.

TABLE G.—Estimated Populations and Vital Statistic Rates since 1913.

Periods.	Estimated Populations.		Birth rates.	Illegitimate Births percentage of total births.	Death rates corrected for Outward Transfers.	Natural Increase rates.	Infant Mortality rates.	European rates corrected for Inward and Outward Transfers.	Enteric fever death rates, corrected for Outward Transfers.	Tuberculosis deaths (all forms), rates corrected for Outward Transfers.										
			Eur.	Non- Eur.	Total.	Eur.	Non- Eur.	Total.	Eur.	Non- Eur.	Total.	Eur.	Non- Eur.	Total.	Eur.	Non- Eur.	Total.	Eur.	Non- Eur.	Total.
(1) 296 Days	Year ..	1913-1914 ..	76,940	74,560	151,500	29·39	45·48	37·31	6·49	25·75	18·04	12·10	27·02	19·44	15·62	17·23	16·42	107·96	250·55	193·50
1914-1915	79,840	75,510	155,350	29·95	47·52	37·31	6·48	26·48	18·66	12·73	28·39	15·67	17·79	16·32	10·38	122·24	36·14	92	
1915-1916	82,860	76,470	159,330	27·43	37·47	37·48	7·48	25·26	18·49	11·25	26·00	18·33	14·72	20·65	17·56	79·14	189·29	147·49	
1916-1917	85,990	77,450	163,440	28·17	48·85	36·56	6·81	25·06	17·67	13·34	32·70	22·52	12·13	11·43	11·80	96·16	226·70	13·89	
1917-1918	89,240	78,440	167,680	27·61	46·32	36·38	7·02	25·35	17·98	11·47	27·89	19·17	14·14	15·79	14·91	140·20	94·15	13·52	
1918-1919	92,610	79,450	172,060	23·84	41·21	31·87	8·38	24·77	18·20	22·08	66·09	42·42	7·35	28·76	14·70	114·58	297·80	224·29	
1919-1920	96,110	80,450	169,560	26·22	51·74	37·79	6·44	24·75	17·86	21·05	26·99	18·31	13·22	23·17	17·76	81·45	183·76	145·27	
1920-1921	99,750	81,490	181,240	24·30	45·86	34·00	5·07	24·86	17·10	12·03	30·64	20·41	12·27	27·15	15·22	13·59	101·49	231·74	180·76
1921-1922	103,130	83,450	186,580	23·02	50·69	35·41	5·31	25·86	18·50	10·68	25·90	17·49	12·34	24·79	17·92	69·50	173·29	136·24	
1922-1923	105,330	86,200	191,530	21·36	49·44	34·00	5·82	25·25	18·54	10·00	25·95	17·63	11·36	22·49	16·37	80·44	196·39	156·33	
1923-1924	107,580	89,030	196,610	19·47	34·12	34·12	5·11	24·21	17·70	10·20	28·66	18·58	11·19	20·81	15·54	72·39	187·72	148·36	
1924-1925	109,870	91,960	201,830	21·16	51·55	35·02	5·84	24·12	18·12	10·09	26·86	17·74	11·07	25·69	17·28	71·94	173·93	140·43	
1925-1926	112,220	94,990	207,210	20·84	47·46	33·03	4·67	24·20	17·55	9·61	24·94	16·66	11·23	22·52	16·39	65·18	175·49	138·21	
1926-1927	114,420	97,700	212,120	20·55	40·35	34·35	5·54	23·03	17·40	10·39	28·08	18·54	10·16	22·42	15·81	67·38	186·59	148·09	
1927-1928	118,740	113,590	242,330	21·71	49·32	34·65	5·38	23·08	17·26	10·53	28·50	18·90	11·18	20·82	16·69	60·28	190·62	147·36	
1928-1929	131,290	116,490	247,780	21·48	51·18	35·45	6·01	22·65	17·31	10·69	20·51	17·66	10·79	25·67	17·79	61·17	158·59	127·30	
1929-1930	133,890	119,460	253,350	21·97	49·73	35·06	4·98	23·63	17·45	10·73	25·11	17·51	11·24	24·62	17·55	60·69	160·03	127·23	
1930-1931	136,550	122,500	259,050	21·27	50·16	34·01	4·59	23·01	17·42	10·20	24·08	16·76	11·07	22·27	12·67	21·64	126·67	121·21	
1931-1932	139,070	125,620	264,690	20·62	50·92	35·02	4·86	23·01	17·42	10·76	26·33	16·59	10·16	22·42	15·81	67·38	186·59	148·09	
1932-1933	141,870	128,820	270,690	17·83	48·12	32·25	4·40	22·44	17·21	9·98	21·94	15·67	7·85	26·18	16·58	48·77	143·88	116·14	
1933-1934	144,730	132,110	276,840	17·74	50·46	33·36	5·31	23·39	18·36	9·21	22·85	15·73	8·53	27·61	17·63	34·75	133·27	106·07	
1934-1935	147,640	135,470	283,110	16·59	46·84	31·06	4·75	21·90	17·13	10·85	24·80	17·52	7·74	22·04	13·54	50·78	146·18	119·61	
1935-1936	150,610	139,540	289,540	18·09	48·03	32·45	5·42	21·98	17·18	10·68	23·74	16·95	7·41	28·29	15·21	45·14	145·68	116·53	
1936-1937	152,290	142,470	294,760	17·17	48·38	32·26	4·72	21·91	17·19	9·76	19·49	14·13	7·41	28·29	15·21	46·83	136·59	108·95	
1937-1938	153,300	146,100	299,400	19·13	47·56	33·01	5·47	21·11	16·47	10·56	23·47	16·86	8·57	24·09	16·15	41·03	128·86	102·79	
1938-1939	154,320	149,820	304,140	18·52	46·69	32·40	5·02	22·35	17·32	10·06	21·69	15·79	8·46	25·00	16·61	42·11	123·56	99·93	
1939-1940	155,350	153,640	308,990	19·18	45·91	32·60	4·41	22·14	16·77	9·87	19·88	15·98	9·06	24·12	16·62	40·96	123·91	90·14	
1940-1941	156,380	157,550	313,930	19·18	45·91	32·60	4·41	22·14	16·94	10·12	21·70	15·98	9·06	24·12	16·62	40·96	128·78	101·62	
1941-1942	157,420	161,570	318,990	20·26	42·53	31·55	4·57	22·12	17·53	11·06	23·39	17·30	9·26	19·14	14·25	43·81	150·61	117·19	
1942-1943	158,470	165,690	324,160	21·86	42·24	32·30	3·73	22·06	15·99	11·23	21·70	16·60	10·64	20·54	15·70	42·26	125·79	98·65	
1943-1944	159,530	169,910	329,440	22·04	45·21	34·97	3·43	21·37	15·39	10·42	24·03	17·44	13·62	32·43	13·60	100·89	24·61	10·99	
1944-1945	160,590	174,240	334,830	22·14	44·63	33·87	4·00	23·80	17·58	10·95	21·29	16·36	11·19	23·34	13·84	119·02	22·53	11·41	
1945-1946	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
1946-1947	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
1947-1948	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
1948-1949	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
1949-1950	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
1950-1951	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
1951-1952	—	—	—	—	—</														

Table H.—Infant Mortality Rates per 1,000 Births by Causes and Race
 (Corrected for outward transfers.)

INFANTS UNDER ONE YEAR OF AGE.

Death classification number (See Table A.)	Common infectious diseases.		Tuberculous diseases.		Syphilis.		Bronchitis and pneumonia.		Diarrhoea and enteritis.		Developmental diseases.		Miscellaneous diseases (remainder)		Total mortality (all causes).	
	Year.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.
1914-1915 ..	5·9	12·6	1·7	3·4	0·4	5·9	11·3	48·5	31·0	63·6	33·1	58·5	17·2	32·1	100·4	224·4
1915-1916 ..	0·9	0·8	1·8	1·9	0·4	7·6	9·7	43·8	29·4	57·6	24·6	51·4	12·7	26·2	79·1	189·3
1916-1917 ..	5·4	12·1	4·5	2·5	1·7	8·2	14·0	56·6	23·1	57·5	35·5	53·0	12·0	36·9	96·2	226·7
1917-1918 ..	2·4	5·0	1·2	1·9	1·6	12·1	5·7	50·4	27·7	53·2	26·0	48·0	14·7	30·6	79·1	200·9
1918-1919 ..	2·3	4·0	0·9	2·8	1·8	7·0	19·9	77·3	35·3	59·6	28·6	49·2	25·8	98·1	114·6	297·8
1919-1920 ..	2·8	3·6	0·8	2·2	0·4	7·7	13·9	52·5	25·9	47·9	21·9	41·0	15·9	29·0	81·5	183·8
1920-1921 ..	2·8	6·1	0·4	2·1	0·8	11·9	15·4	61·0	35·6	76·9	32·9	48·0	18·2	32·4	101·5	231·7
1921-1922 ..	—	1·2	1·2	0·9	1·6	9·4	10·8	53·3	22·4	44·6	22·4	40·6	10·8	26·5	69·6	173·3
1922-1923 ..	2·1	4·4	0·4	3·3	0·8	5·6	15·0	66·2	21·7	54·1	28·4	35·8	13·4	30·7	80·4	196·4
1923-1924 ..	7·0	13·9	0·4	2·9	0·4	9·7	8·6	57·7	25·0	50·7	20·1	39·9	11·1	18·0	72·4	187·3
1924-1925 ..	1·7	1·3	2·1	1·0	0·4	8·3	4·2	44·4	27·1	62·7	25·4	41·3	11·0	18·7	71·9	173·9
1925-1926 ..	1·3	2·2	0·4	4·0	1·7	10·7	9·0	46·5	23·6	58·9	18·9	40·5	10·3	20·9	65·2	175·5
1926-1927 ..	4·3	6·3	0·9	4·1	0·9	10·4	11·5	59·8	19·2	58·1	22·6	39·0	8·1	16·5	67·4	186·6
1927-1928 ..	5·0	6·4	1·4	3·6	1·1	10·7	14·4	62·5	9·3	52·1	21·2	34·2	7·9	21·3	60·3	190·6
1928-1929 ..	2·1	3·9	0·7	5·2	2·5	12·5	11·0	38·4	15·3	44·2	20·3	36·7	9·3	17·8	61·2	158·6
1929-1930 ..	1·7	1·2	0·7	5·9	1·0	14·5	8·2	39·7	14·7	42·4	22·8	40·0	11·6	16·4	60·7	160·0
1930-1931 ..	3·1	4·2	1·7	2·9	3·1	11·2	9·2	39·4	15·2	39·2	23·7	38·4	9·2	20·5	65·0	155·8
1931-1932 ..	2·1	4·4	0·7	6·0	1·4	15·7	12·9	44·2	17·8	45·9	24·1	35·2	8·0	16·5	67·1	167·7
1932-1933 ..	4·0	2·3	2·4	4·5	0·8	10·2	5·6	43·4	11·1	32·8	16·7	35·6	8·3	14·7	48·8	143·8
1933-1934 ..	—	3·6	0·8	4·5	0·8	9·3	3·9	31·4	9·4	43·8	16·0	30·2	3·9	10·4	34·8	133·3
1934-1935 ..	2·1	4·9	0·4	4·1	0·8	9·6	8·2	47·6	9·0	38·2	21·7	28·5	8·6	13·3	50·8	146·2
1935-1936 ..	1·8	11·8	1·1	3·1	0·4	8·6	5·8	40·4	6·9	38·2	21·0	28·9	8·3	14·7	45·1	145·7
1936-1937 ..	0·8	1·6	—	3·3	0·4	7·9	4·2	31·7	7·7	24·2	22·6	27·1	11·5	13·2	47·2	108·9
1937-1938 ..	1·4	3·5	0·7	3·3	0·7	7·8	8·5	40·8	4·8	30·0	18·5	30·7	6·5	12·7	41·0	128·9
1938-1939 ..	1·4	5·9	1·1	4·0	0·4	11·7	8·1	36·3	5·3	26·1	17·5	31·0	8·4	15·6	42·1	123·6
1939-1940 ..	1·0	4·1	0·3	3·1	0·3	5·3	4·0	36·1	7·9	30·8	19·2	27·9	8·3	16·6	41·0	123·9
1940-1941 ..	0·7	2·9	1·3	4·7	0·3	5·3	3·3	35·3	4·0	36·3	15·7	31·1	10·4	13·2	35·8	128·8
1941-1942 ..	0·9	3·9	0·6	5·7	0·3	7·0	3·1	40·2	9·9	47·8	18·8	33·5	10·2	14·7	43·8	150·6
1942-1943 ..	1·2	1·3	1·2	8·2	0·3	3·6	5·5	30·2	6·9	40·1	18·5	29·8	8·7	12·6	42·3	125·8
1943-1944 ..	1·0	3·5	1·3	8·2	0·5	3·2	2·9	37·7	6·3	36·3	14·1	31·9	6·3	13·8	32·4	134·6
1944-1945 ..	0·3	5·7	0·3	9·2	—	2·5	3·4	25·0	4·0	36·2	19·7	31·3	6·2	9·2	33·8	119·0
Quinquennium *1916-1917 to 1920-1921 ..	3·3	6·6	1·7	2·2	1·1	9·9	12·3	55·1	28·1	58·7	29·0	47·2	15·2	32·1	90·8	211·7
1921-1922 to 1925-1926 ..	2·4	4·6	0·9	2·4	1·0	8·7	9·6	53·4	23·9	54·4	23·0	39·7	11·3	22·8	71·9	181·6
1926-1927 to 1930-1931 ..	3·2	4·3	1·1	4·3	1·7	11·9	10·8	47·2	14·6	46·7	22·1	37·6	9·3	18·6	62·7	169·4
1931-1932 to 1935-1936 ..	2·0	5·5	1·1	4·4	0·8	10·6	7·4	41·3	11·0	39·9	20·0	31·6	7·5	13·9	49·6	147·2
1936-1937 to 1940-1941 ..	1·0	3·6	0·8	4·0	0·4	6·2	5·6	35·6	5·8	29·5	18·6	29·5	9·0	14·5	41·3	122·9

* Year of influenza epidemic 1918-1919 excluded (mean of other 4 years of quinquennium shown).
 City extended by incorporation of Wynberg 1927-1928.

INFANTS FROM 1 TO 2 YEARS OF AGE. *

Death classification number (See Table A.)	Common infectious diseases.		Tuberculous diseases.		Syphilis.		Bronchitis and pneumonia.		Diarrhoea and enteritis.		Developmental diseases.		Miscellaneous diseases (remainder)		Total mortality (all causes)	
	Year.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.
1924-1925 ..	0·4	1·9	—	6·7	—	2·2	2·2	22·8	8·4	39·5	—	0·3	2·7	7·5	13·7	80·9
1925-1926 ..	0·5	3·8	0·5	6·5	—	0·5	3·7	31·4	5·0	32·7	0·9	0·5	3·2	5·3	13·7	80·7
1926-1927 ..	3·2	8·6	0·9	7·8	—	0·5	4·1	35·9	5·5	33·2	—	0·3	2·8	7·0	16·5	93·3
1927-1928 ..	2·3	8·3	1·8	7·0	—	1·0	5·0	36·0	7·3	23·0	0·5	0·8	3·2	9·8	20·1	85·7
1928-1929 ..	4·6	4·9	0·8	6·2	—	1·1	2·7	27·9	4·2	24·6	0·4	1·1	2·7	10·2	15·3	75·9
1929-1930 ..	3·0	3·8	1·5	8·0	—	0·8	3·4									

Table I.—Deaths of Infants under 1 Year of Age, Classified by Causes, Race and Age, 1944-45.

(CORRECTED FOR OUTWARD TRANSFERS.)

Classification No.	DISEASE.	RACE.	TOTAL under one year.												Persons
			1	2	3	4	5	6	7	8	9	10	11	12	
010	Scarlet fever	Eur. Nou-E.	—	—	—	—	—	—	—	—	—	—	—	—	—
011	Whooping cough	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—
012	Diphtheria	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—
013	Erysipelas	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—
016	Tuberculosis of central nervous system	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—
017	Tuberculosis of intestines and peritoneum	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—
015, 018 to 025	Tuberculosis, other forms	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—
040 to 044	Syphilis, all forms	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—
052	Measles	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—
169	Rickets	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—
302 and 303	Simple meningitis	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—
310	Convulsions	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—
402 and 403	Bronchitis	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—
404 to 406	Pneumonia, all forms	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—
458	Diarrhoea and enteritis	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—
700 to 709	Congenital malformations	Eur. Non-E.	3	1	2	1	2	1	2	1	2	1	3	1	—
750	Congenital debility	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—
751	Premature birth	Eur. Non-E.	19	8	5	4	1	—	4	42	2	—	—	23	21
752 and 753	Injury at birth	Eur. Non-E.	40	26	22	15	11	5	4	123	22	13	11	169	69
754 to 758	Other diseases peculiar to the first year of life	Eur. Non-E.	5	2	1	—	2	1	—	1	10	—	38	2	—
892	Suffocation (overlying)	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—
907	Lack of care of the new born ..	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—
—	Other causes	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—
	Totals	All Races	113*	52	43	31	23	7	12	281	44	20	31	376*	72

* Including 10 of unknown race.

Table J.—Populations and Vital Statistic Rates for the separate Wards of the City, 1944-45.
(Corrected for outward transfers.)

Ward:	Calculated Populations on the 31st December, 1944		Births.	Illegitimate Births, percentage of total births.	Illegitimate Births, per 1,000 persons.	Death rates per 1,000 persons.		Deaths.	Natural Increase (Excess of births over deaths)	Infant Mortality (per 1,000 births).	Deaths from Tuberculosis (all forms) per 1,000 persons.		
	Eur.	Non-Eur.				Eur.	Non-Eur.				Eur.	Non-Eur.	
			Total.			Eur.	Non-Eur.				Eur.	Non-Eur.	
1. Sea Point ..	22,756	3,294	26,050	368	58	16.22	17.66	5	31	1.36	53.45	231	21
2. Harbour ..	3,407	3,676	7,083	59	149	17.36	40.64	4	56	6.78	37.58	43	85
3. West Central ..	647	4,151	4,798	13	220	20.15	53.14	—	57	—	25.91	9	98
4. Kloof ..	..	10,614	6,576	17,190	195	283	18.42	58.40	8	108	4.10	28.20	83
5. Park ..	..	11,700	1,766	13,466	237	52	20.31	29.53	8	30	3.38	57.69	152
6. East Central ..	..	8,995	24,632	33,627	198	1,058	22.07	43.07	9	252	4.55	23.82	93
7. Castle ..	..	132	16,508	16,640	18	704	136.74	42.76	2	160	11.11	22.73	11
8. Woodstock ..	..	6,869	13,374	20,243	232	547	33.87	41.01	13	117	5.60	21.39	104
9. Salt River ..	..	11,141	8,049	19,190	321	381	28.89	47.47	17	71	5.30	18.64	143
10. Mowbray ..	..	15,417	2,378	17,795	257	96	16.72	40.48	16	28	6.23	29.17	112
11. Maitland† ..	..	11,869	16,349	28,218	363	595	30.67	36.49	10	153	2.76	25.71	115
12. Rondebosch * ..	..	15,805	43,451	59,256	263	1,275	16.69	29.42	6	255	2.28	20.00	121
13. Claremont ..	..	19,781	16,121	35,902	489	996	24.79	61.95	15	212	3.07	21.29	201
14. Kalk Bay ..	..	6,714	6,743	13,457	89	401	13.29	59.63	—	129	—	32.17	76
15. Wynberg ..	..	15,829	18,307	34,136	424	804	26.86	44.04	9	155	2.12	19.28	201
Not allocated ..				2)	36				20	32		59	40
A. Inward transfers ..												74	
B. City of Cape Town ..	160,590	174,240	334,830	62	7,755	22.53	44.63	142	1,846	4.00C	23.80	1,828	3,699

* Exclusive of Langa Native Township
† Exclusive of Windermere.

- A. These figures refer to European births and deaths belonging to Cape Town, but which occurred outside the Municipality.
- B. Exclusive of all figures relating to the Native Township of Langa (which is shown separately in Table S), but inclusive, so far as the European population is concerned, of population in the harbour and shipping and residents enumerated on trains.
- C. Exclusive of the 62 European births (inward transfers), in regard to which information as to the legitimacy is not available.

Death rates from Tuberculosis (all forms) per 1,000 persons.

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Table K.—Deaths in Institutions, 1944-45.

Institution.	Total deaths.		Deaths belonging to Cape Town.		Deaths not belonging to Cape Town (outward transfers).	
	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
Groote Schuur Hospital	306	335	219	242	87	93
City Hospital	85	329	59	226	26	103
Somerset Hospital	5	239	4	170	1	69
Rentzkie's Farm Hospital	—	147	—	122	—	25
Valkenberg Mental Hospital	70	62	36	36	34	26
Wynberg (Victoria) Hospital	29	48	21	29	8	19
Woodstock Hospital	39	35	31	31	8	4
Peninsula Maternity Hospital	14	42	10	37	4	5
Volkshospitaal	34	—	24	—	20	—
Wynberg (Military) Hospital	16	15	10	9	6	6
Monastery Nursing Home	28	—	21	—	7	—
St. Joseph's Sanatorium	27	—	17	—	10	—
Booth Memorial Hospital	26	—	20	—	6	—
Mowbray and Rondebosch Hospital	19	6	11	3	8	3
Cape Town Gaol	—	21	—	13	—	8
Dunmore Nursing Home	20	—	19	—	1	—
Brentwood Nursing Home	19	—	18	—	1	—
Tamboers Kloof Nursing Home	19	—	9	—	10	—
Alexandra Institution	19	—	18	—	1	—
Elizabeth Nursing Home	17	—	14	—	3	—
Hof Street Nursing Home	16	—	12	—	4	—
Mowbray Nursing Home	14	—	11	—	3	—
Cambridge Nursing Home	14	—	14	—	—	—
" Vrede Oord "	—	14	—	12	—	2
Fairmont Nursing Home	13	—	12	—	1	—
Monte Rosa Nursing Home	11	—	6	—	5	—
St. Monica's Home	—	11	—	11	—	—
Airemount Nursing Home	10	—	8	—	2	—
Cape Jewish Aged Home	8	—	8	—	—	—
Nazareth House	8	—	6	—	2	—
Ladies' Christian Home	7	—	7	—	—	—
Notley Nursing Home	7	—	5	—	2	—
Leeuwendaal Nursing Home	6	—	4	—	2	—
Clarendon Nursing Home	5	—	4	—	1	—
Leighwood Nursing Home	3	—	3	—	—	—
Lady Buxton Home	3	—	2	—	1	—
House of Correction	—	3	—	2	—	1
Onslow Nursing Home	3	—	3	—	—	—
Delherbe Nursing Home	3	—	2	—	1	—
Inverugie Nursing Home	2	—	1	—	1	—
Rannock Lodge Nursing Home	2	—	1	—	1	—
Biblis Nursing Home	2	—	2	—	—	—
Dorcas Homes	2	—	2	—	—	—
Sea Point Nursing Home	2	—	1	—	1	—
Clairvaux Nursing Home	—	1	—	1	—	—
Vlotman Nursing Home	1	—	—	—	1	—
Salubritas Nursing Home	1	—	1	—	—	—
Montebello Nursing Home	1	—	—	—	1	—
Eaton Convalescent Home	1	—	1	—	—	—
Totals	937	1,308	667	944	270	364
Institutions in other parts of the Union of South Africa :						
General Hospitals				15		
Nursing Homes				19		
Mental Hospitals				6		
Sanatoriums				1		
Chronic Sick Hospitals				13		
Totals			54			
Langa Hospital	—	48	—	48	—	—

Deaths of Langa residents are included in this table.

Table L.—Births and Still-Births notified, Classified for attendance at Confinement and for home address of Mother, 1944-45.

CLASSIFICATION.	WARDS OF THE CITY.												Excluded from foregoing columns.	Non-Residents.					
	1 Sea Point.	2 Harbour.	3 West Central.	4 Kloof.	5 Park.	6 East Central.	7 Castle.	8 Woodstock.	9 Salt River.	10 Mowbray.	11* Maitland.	12 Rondebosch.	13 Claremont.	14 Kalk Bay.	15 Wynberg.	Total of Wards.			
Private doctors	15	7	10	26	11	40	26	58	45	28	202	130	106	38	101	10	853	—	
Private midwives (including any non-medical persons attending a confinement)																	14		
Certified	10	37	82	134	27	437	349	368	272	79	344	898	561	164	497	1	4,260	—	
Uncertified	—	9	22	30	2	23	26	85	50	10	602	245	392	249	290	1	2,036	—	
Midwives (or midwife students) from:																	3		
Booth Memorial Home ..	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	2	—	—	
St. Monica's Home ..	—	—	—	—	66	107	—	—	—	—	—	—	—	—	—	2	—	2	
Peninsula Maternity Hospital ..	—	—	2	5	—	5	4	163	98	90	81	8	—	—	—	—	—	1	
Somerset Hospital ..	—	—	10	14	13	—	1	1	2	1	—	75	—	—	—	3	1	2	
District nurse midwives ..	—	—	—	—	1	1	1	—	—	—	—	111	—	16	96	11	—	1	
Vrede Oord, Tuin Plein ..	—	—	1	—	1	6	6	131	58	11	2	1	—	—	2	1	—	2	
Municipal midwives ..	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	—	—	1	
No doctor or midwife ..	—	—	6	5	—	8	2	16	6	6	10	1	89	14	12	33	11	10	
No information	—	—	—	—	—	1	—	—	—	—	—	13	3	3	4	—	66	90	
Confined in institutions:																		1	
Booth Memorial Home ..	—	75	13	2	62	101	75	1	26	42	64	39	42	58	11	43	8	662	—
St. Monica's Home ..	—	3	4	7	35	3	31	32	10	19	5	36	60	47	28	45	1	366	7
Peninsula Maternity Hospital ..	—	18	12	5	33	43	244	119	136	136	54	132	129	126	37	87	1	1,312	45
Somerset Hospital ..	—	32	47	35	68	9	46	26	31	18	11	83	63	47	14	39	2	562	23
Vrede Oord, Tuin Plein ..	—	1	3	7	19	11	42	16	9	5	4	31	18	22	6	15	1	210	6
Magdalena Huis ..	—	—	—	—	—	—	—	—	1	1	—	1	1	—	—	1	—	9	20
Other public institutions ..	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	2	5
Private nursing homes ..	—	282	16	1	99	76	66	3	39	57	109	33	170	169	40	156	—	1,316	—
Totals ..	455	198	252	648	297	1,317	761	872	739	574	1,776	1,567	725	1,292	102	13,168	81	916	

*Including the district of Windermere.
Births actually occurring in the Langa Native Township are excluded from the above Table. They numbered 208.

Table M.—Cases of Notifiable Disease reported, 1944-45.

	Uncorrected.	Deduction for diagnosis.	Deduction of imported cases.	Addition for diagnosis.	Corrected number of cases.	Corrected cases, Langa Township.	Extra-municipal cases uncorrected.	Deduction for diagnosis.	Addition for diagnosis.	Corrected No. of extra-municipal cases.	Corrected No. from ships in the harbour
	1	2	3	4	5	6	7	8	9	10	11
Diphtheria	323	141	—	—	1	178	5	150	64	—	86
Scarlet fever	167	9	—	—	2	160	—	17	1	—	1
Puerperal fever	71	1	—	—	—	66	4	15	—	—	—
Enteric fever	148	55	—	—	10	97	6	147	2	—	1
Erysipelas	78	—	154	—	2	79	1	2	42	—	108
Cerebrospinal fever	257	—	40	—	3	105	1	230	—	2	—
Acute poliomyelitis	93	—	—	—	12	64	1	64	18	1	105
Infective encephalitis	5	4	—	—	—	1	—	1	4	—	—
Typhus fever*	8	2	—	—	6	11	1	1	1	—	3
Anthrax	—	1	—	—	—	1	—	—	—	—	2
Leprosy	—	2	—	—	2	—	—	—	—	—	—
Smallpox	—	6	—	—	—	5	1	—	2	—	—
Ophthalmia	273	—	—	—	—	264	9	—	—	—	9
Trachoma	10	—	—	—	—	9	1	—	—	—	—
Acute primary pneumonia	416	—	—	—	17	427	6	—	—	12	—
Influenza	28	—	—	—	—	28	—	—	—	—	24
Tuberculosis, respiratory system	1,894	60	73	15	1,693	83	198	—	3	197	3
Tuberculosis, other forms	239	—	6	105	324	14	40	—	42	82	—
Totals	4,019	466	81	173	3,512	133	891	256	66	696	5

1. Notifications re Cape Town cases received, including Langa.
 2. Found not to be suffering from the disease as notified.
 3. Arrived in Cape Town from outside already suffering from the disease.
 4. Diagnosis changed to the disease named.
 5. Excluding Lang Native Township.
 6. Cases admitted to City Hospital or other hospital from outside Cape Town or from ships in the harbour.
 7. Diagnosis changed to the disease named.
 8. — 2.
 9. — 4.
 10. Excluding cases from ships.
- * Including epidemic typhus, endemic typhus or murine typhus and tick-bite fever.

Table N.—Notification of Infectious Disease Classified for Race, Sex and Age-Groups, 1944-45.

E.—European.
O.—Non-European.

Age-groups.	Tuberculosis, respiratory system.			Tuberculosis, other forms.			Enteric fever.			Diphtheria.			Scarlet fever.			Erysipelas.			Cerebrospinal fever.			Infective encephalitis.				
	E.			O.			E.			O.			E.			O.			E.			O.				
	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total		
0-1 year	-	1	2	26	21	47	-	5	2	25	24	51	-	1	2	1	4	10	-	1	4	8	-	-	-	
1-2 years	30	41	72	-	5	2	25	27	57	-	1	1	1	1	10	21	-	2	2	-	-	-	
2-5 years	60	44	108	3	3	36	36	78	-	1	1	1	1	15	16	54	13	18	3	3	1		
5-10 years	34	46	82	3	5	25	26	59	-	1	1	1	1	11	11	47	36	43	3	4	1		
10-15 years	20	34	55	-	1	1	6	6	16	6	1	1	1	12	11	15	16	15	18	3	3		
15-25 years	22	29	153	181	1	1	8	16	16	9	1	1	1	1	15	12	19	1	2	1	1		
25-35 years	20	25	208	130	1	1	3	13	12	28	5	1	1	1	15	12	22	1	5	9	1		
35-45 years	29	15	155	58	1	1	15	2	18	2	1	1	1	1	1	1	1	1	1	1	1		
45-55 years	17	2	107	40	1	1	5	1	7	1	1	1	1	1	1	1	1	1	1	1	1		
55-65 years	15	3	58	12	1	1	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1		
65-75 years	10	4	18	3	1	1	3	35	1	1	1	1	1	1	1	1	1	1	1	1	1		
75-85 years	1	1	-	1	1	1	2	6	-	1	1	1	1	1	1	1	1	1	1	1	1		
85 years and over	-	1	2	4	7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Age unknown	120	82	872	619	1,693	13	16	152	143	324	12	8	45	32	97	42	47	34	55	178	58	85	8
Totals	120	82	872	619	1,693	13	16	152	143	324	12	8	45	32	97	42	47	34	55	160	13	25	13

Age-groups.	Acute anterior poliomyelitis.			Influenza pneumonia.			Acute primary pneumonia.			Ophthalmia.			Puerperal fever.			Typhus * fever.			Smallpox.			Anthrax.			Totals.				
	E.			O.			E.			O.			E.			O.			E.			O.			E.				
	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total		
0-1 year	-	1	2	4	17	17	1	-	1	6	2	25	21	54	22	7	115	120	264	-	-	-	-	-	-	-	-	-	
1-2 years	..	5	4	6	5	1	14	16	1	1	1	1	1	1	3	2	16	43	86	1	1	1	1	1	1	1	1	1	
2-5 years	..	10	5	12	1	-	16	1	1	1	1	1	1	1	3	1	1	1	1	1	1	1	1	1	1	1	1	1	
5-10 years	..	2	1	3	2	-	9	-	1	1	1	1	1	1	3	1	1	1	1	1	1	1	1	1	1	1	1	1	
10-15 years	..	4	3	2	1	-	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
15-25 years	..	1	1	1	1	-	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
25-35 years	..	35	45	70	8	8	13	11	11	37	16	59	-	2	17	19	1	1	1	1	1	1	1	1	1	1	1	1	
35-45 years	..	45	55	95	3	3	9	5	5	37	13	64	-	2	10	12	1	1	1	1	1	1	1	1	1	1	1	1	
45-55 years	..	55	65	115	4	2	6	4	4	18	4	28	-	1	1	1	2	1	1	1	1	1	1	1	1	1	1	1	
55-75 years	..	65	75	125	1	1	2	1	1	1	1	1	-	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
75-85 years	..	75	85	145	1	1	2	1	1	1	1	1	-	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
85 years and over	..	85	85	165	1	1	2	1	1	1	1	1	-	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Age unknown	
Totals	..	28	18	8	10	64	1	1	23	3	28	47	27	224	129	427	22	7	115	120	264	14	52	66	1	1	5	1	1

* Including epidemic typhus, endemic typhus or murine typhus and tick-bite fever.

Table 0.—Notification of Infectious Disease Classified for Race, and Month of Notification, 1944-45.

E.—European.
O.—Non-European.

Period	Tuberculosis, respiratory system.		Tuberculosis, other forms.		Enteric fever.		Diphtheria.		Scarlet fever.		Cerebrospinal fever.		Infective encephalitis.		Acute anterior poliomyelitis.	
	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.
1944.																
July	16	104	120	1	22	23	4	12	6	18	5	13	—	—	—	—
August	17	137	154	1	19	20	1	3	8	19	8	19	—	—	—	—
September	20	123	143	3	25	28	4	10	8	18	5	1	1	—	—	1
October	15	130	145	2	21	23	2	7	5	12	6	1	1	—	—	1
November	13	134	147	3	43	46	2	10	4	13	4	4	2	7	7	11
December	13	110	126	1	28	29	3	13	4	10	5	10	1	1	10	18
January	16	155	177	3	34	37	1	6	7	16	2	1	3	5	2	7
February	22	135	148	1	23	24	2	3	5	9	7	1	1	4	6	13
March	13	131	150	4	20	24	3	13	16	11	9	20	8	1	1	4
April	19	107	128	1	23	24	2	7	9	11	17	1	1	5	1	6
May	15	99	114	6	29	35	—	12	12	17	3	17	3	2	2	4
June	15	126	141	3	8	11	5	10	8	11	19	20	3	9	11	—
Year	202	1,491	1,693	29	295	324	20	77	97	89	178	143	17	160	38	46
															105	18
															1	64

Period	Influenza pneumonia.		Acute primary pneumonia.		Ophthalmia.		Puerperal fever.		Trachoma.		Typhus fever.*		Smallpox.		Anthrax.		Totals.	
	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.
1944.																		
July	—	4	4	5	23	28	2	24	—	7	7	—	—	—	—	60	205	265
August	—	3	3	9	35	44	—	29	29	2	2	—	—	—	—	66	251	317
September	—	1	1	10	38	48	3	23	26	2	7	9	—	—	—	61	256	317
October	—	3	3	4	51	55	2	16	18	4	4	5	—	—	—	46	249	295
November	—	1	1	1	7	25	2	2	2	15	17	3	—	—	—	66	246	312
December	—	—	—	1	1	5	26	31	5	26	3	—	—	—	—	64	224	288
January	—	—	—	1	1	4	30	34	5	20	2	4	—	—	—	58	269	327
February	—	—	—	1	3	4	10	21	4	29	1	2	—	—	—	47	236	283
March	—	—	—	—	1	7	—	24	24	5	2	3	—	—	—	64	237	301
April	—	—	—	—	1	4	29	39	1	23	1	2	—	—	—	64	205	269
May	—	—	—	—	1	6	18	24	1	15	2	1	—	—	—	59	253	285
June	—	—	—	1	2	7	28	35	4	12	13	1	—	—	—	67	218	285
Year	—	2	26	28	74	353	427	29	235	14	52	66	1	1	—	5	5	5
															1	1	1	
															722	2,790	3,512	

* Including epidemic typhus, endemic or murine typhus and tick-bite fever.

REPORT OF THE MEDICAL OFFICER OF HEALTH.

Table P.—Notification of Infectious Disease Classified for Race, and Wards, etc., 1944-45.

E.=European; O.=Non-European.

Wards of the City. etc.	Tuberculosis respiratory system.		Tuberculosis other forms.		Enteric fever.		Diphtheria.		Scarlet fever.		Erysipelas.		Cerebrospinal fever.		Infective encephalitis.		Leprosy.	
	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.
	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.
1. Sea Point ..	15	19	34	1	4	5	1	2	3	9	15	24	2	1	3	1	1	3
2. Harbour ..	8	42	50	—	5	6	—	2	2	3	3	5	—	1	2	1	1	—
3. West Central ..	2	42	44	—	6	6	—	4	4	8	5	17	—	2	4	1	1	6
4. Kloof ..	10	73	83	2	13	15	—	1	1	9	6	17	1	7	6	2	1	9
5. Park ..	13	28	41	—	2	2	—	1	1	8	4	11	—	6	10	2	7	11
6. East Central ..	15	164	173	1	41	42	—	1	7	8	5	12	—	4	10	5	5	11
7. Castle ..	9	101	106	1	24	25	—	3	7	10	1	11	12	—	5	5	3	11
8. Woodstock ..	5	31	77	1	108	6	—	1	1	9	16	25	14	4	18	5	3	6
9. Salt River ..	12	54	66	2	20	22	—	1	1	8	6	14	11	—	11	2	5	8
10. Mowbray ..	27	46	73	3	4	4	—	7	7	1	6	1	1	19	3	1	4	—
11. Mainland † ..	25	263	288	5	47	52	—	4	4	12	16	15	10	25	8	4	12	25
12. Rondebosch‡ ..	10	235	245	1	51	52	—	15	7	17	17	24	6	11	8	2	3	20
13. Claremont ..	16	131	147	—	27	27	6	13	9	8	17	10	5	11	1	1	5	14
14. Kalk Bay ..	3	103	106	1	16	17	4	7	11	2	8	8	—	1	1	2	1	—
15. Wynberg ..	14	118	132	4	18	22	—	4	4	1	4	1	—	21	3	7	4	—
Not allocated ..	—	10	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—
	202	1,491	1,693	29	295	324	20	77	97	89	178	143	17	160	38	41	79	25
Totals, local cases.																		
<i>Imported Cases :</i>																		
Developed outside Mu-																		
nicipal area ..																		
Introduced from overseas ..																		
Direct Removals (Cases re- moved to hospitals in Municipal area,)																		
From outside Municipal area ..																		
From ships in the harbour ..	47	150	197	14	68	82	14	94	108	58	28	86	11	4	15	1	2	2
Totals, imported cases ..	68	205	273	15	73	88	14	95	109	58	28	86	12	4	16	1	2	2

Table Q.—Notification of Infectious Disease for a series of years, classified for Race.

Disease.	Race.	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944
		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Scarlet fever ..	Eur. ..	123	228	154	260	425	121	121	103	229	596	458	113	81	124	216	267	154	154	143
	Non-E. ..	11	6	10	20	40	18	19	9	14	34	28	13	8	11	18	10	7	8	17
Diphtheria or membranous croup ..	Eur. ..	186	162	162	166	189	120	142	192	238	189	223	344	537	286	204	195	160	175	89
	Non-E. ..	87	62	70	54	93	67	73	106	136	122	119	253	233	130	89	138	135	110	89
Enteric or Typhoid fever ..	Eur. ..	117	109	100	87	97	71	30	52	33	30	34	58	14	35	11	36	90	17	20
	Non-E. ..	123	135	100	94	103	98	30	47	49	43	96	41	37	34	26	73	68	57	77
Cripelias ..	Eur. ..	45	35	43	33	41	40	28	37	44	51	43	33	30	29	37	38	27	28	38
	Non-E. ..	24	34	26	32	30	28	41	30	50	42	31	28	36	39	41	46	33	41	41
Puerperal fever ..	Eur. ..	10	20	29	16	19	16	22	26	24	22	13	19	22	18	33	15	16	16	14
	Non-E. ..	35	38	54	53	43	51	49	48	67	74	51	51	62	61	61	50	60	70	52
Pneumonia ..	Eur. ..	22	27	25	50	50	53	47	30	38	39	42	24	35	29	28	36	18	22	29
	Non-E. ..	113	135	122	208	227	199	218	190	259	227	215	213	181	212	164	182	170	215	235
Prospinal fever	Eur. ..	10	39	30	14	4	7	8	3	5	1	7	3	5	2	23	19	23	39	25
	Non-E. ..	39	183	101	48	18	25	22	17	20	9	11	15	33	24	45	47	80	222	80
Acute poliomyelitis	Eur. ..	2	8	4	11	5	—	4	8	11	1	7	4	2	5	5	4	2	5	46
	Non-E. ..	—	4	1	6	5	—	4	3	14	3	2	2	9	11	4	3	—	1	18
Native encephalitis	Eur. ..	6	8	7	4	1	9	2	2	8	4	1	4	—	2	1	3	6	—	—
	Non-E. ..	5	3	5	3	4	2	4	—	3	3	3	4	2	3	5	1	3	2	1
Malaria ..	Eur. ..	—	—	—	1	1	1	—	—	1	—	—	1	—	—	—	1	2	—	—
	Non-E. ..	1	1	4	3	1	4	2	2	1	1	3	2	1	1	3	4	5	2	—
Typhus fever* ..	Eur. ..	1	—	1	1	2	4	2	4	—	2	4	1	6	4	4	6	2	7	10
	Non-E. ..	—	—	—	—	1	—	—	1	—	—	—	1	—	1	—	—	—	—	1
Smallpox ..	Eur. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5
	Non-E. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Influenza ..	Eur. ..	61	132	166	238	69	101†	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E. ..	133	327	349	348	171	140†	—	—	—	—	—	—	—	—	—	—	—	—	—
Bacillary pneumonia	Eur. ..	41	45	62	54	24	41	19	13	45	56	29	37	17	23	23	10	13	18	2
	Non-E. ..	63	121	78	80	38	91	31	31	82	64	41	74	30	30	40	15	27	60	26
Acute primary pneumonia	Eur. ..	89	84	91	58	84	98	77	59	138	148	103	96	103	100	106	80	76	100	74
	Non-E. ..	285	396	386	302	289	334	253	294	566	465	376	466	420	433	385	319	321	338	353
Malaria ..	Eur. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Plague ..	Eur. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Afrax ..	Eur. ..	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	1	1	—
	Non-E. ..	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	1	—
Hinders ..	Eur. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Rabies ..	Eur. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Fever ..	Eur. ..	—	2	—	3	1	2	—	1	1	—	—	—	—	1	—	2	1	—	—
	Non-E. ..	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Yellow fever ..	Eur. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Human trypanosomiasis	Eur. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Homma ..	Eur. ..	3	2	3	3	—	3	1	1	2	1	1	2	1	6	5	—	—	—	1
	Non-E. ..	3	12	12	23	4	4	6	1	14	5	7	1	2	10	3	—	1	2	8
Food poisoning ..	Eur. ..	—	—	—	—	3	3	—	1	—	1	1	—	—	1	—	—	—	—	—
	Non-E. ..	—	—	—	—	5	1	—	1	—	—	—</td								

Table R.—Vital Statistics for the Langa Native Township, 1944-45.

Average population for the 12 months July, 1944, to June, 1945.										NATIVES.														
European.	Natives.					Births.					Deaths					Deaths from Tuberculosis (all forms, per 1,000 persons).								
	Adults.		Child- ren.		Grand Total.	Legiti- mate.		Illegiti- mate.		Still- births.	Total.	Birth- rate (per 1,000 per- sons).		Deaths.		(per 1,000 per- sons).		Infant mortality (per 1,000 births).		M.		F.		
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.					
13	13	26	4,453	1,254	2,142	7,849	7,875	57	37	19	19	132	12	16·87	28·79	103	66	21·60	35	16	386·36	26	24	6·39

NOTIFICATION OF INFECTIOUS DISEASE.

NATIVES.										NATIVES.																
Tuberculosis respiratory system.	Tuberculosis other forms.				Diphtheria.				Enteric fever.		Erysipelas.		Acute poliomye- litis.		Typhus fever.		Smallpox.		Ophthal- mia.		Trachoma.		Acute primary pneumonia		Total.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
53	26	9	5	3	2	4	6	—	1	1	—	1	—	1	—	1	5	—	1	5	1	84	45			

Excluded from the above are four cases of tuberculosis of the respiratory system (3 male, 1 female) who contracted the disease outside the municipal area, being already ill on arrival in Langa Township. Included are two patients admitted to the City Hospital for another disease who proved to be cases of tuberculosis of the respiratory system, and one which proved to be a case of acute anterior poliomyelitis.

Deaths in Langa hospital, 48 (Natives: 26 males, 22 females.)

Table S.—Vital Statistics for the Added Area of Windermere, 1944-45.

Population as enumerated in the Housing Survey in 1944 and 1945.		Births.		Still-births.		Illegitimate births, percentage of total births.		Birth-rate (per 1,000 persons).		Deaths under one year of age.		Death rate (per 1,000 persons).		Infant Mortality (per 1,000 births).		Deaths from Tuberculosis, all forms (per 1,000 persons.)		Death rate for Tuberculosis, all forms (per 1,000 persons.)							
		Legiti-mate.	Illegiti-mate.	Total.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.							
Eur.	Non-Eur.	Total.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.							
557	13,678	14,235	21	270	1	144	22	414	2	33	4·55	34·78	39·61	30·35	8	396	14·40	29·03	1	116	—280·19	1	102	—	7·48

NOTIFICATION OF INFECTIOUS DISEASE BY DISEASE AND RACE.

Tuber-culosis, respiratory system.		Tuber-culosis, other forms.		Diphtheria.		Enteric fever.		Erysipelas.		Cerebro-spinal fever.		Acute primary pneumonia		Ophthal-mia.		Puerpal fever.		Acute anterior poliomyle-litis.		Smallpox.		Anthrax.		Trachoma.		Total.	
		Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.
—	156	—	18	—	3	—	9	—	2	—	7	—	26	—	27	—	4	—	2	—	1	—	1	—	1	—	257

Table U.—Temperature of Air in the Shade, 1944-45.

Month.	Mean at 8 a.m.	Maximum Thermometer.			Minimum Thermometer.		
		Average for 38 years, 1st July, 1906, to 30th June, 1944. °F	Average for 38 years, 1st July, 1906, to 30th June, 1944. °F	Highest and date for 38 years, 1st July, 1906, to 30th June, 1944. Date. °F	Average for 38 years, 1st July, 1906, to 30th June, 1944. °F	Lowest and date for 38 years, 1st July, 1906, to 30th June, 1944. Date. °F	
		1944					
July	53.08	51.131	63.23	77.4 11th	85.3 30th, 1927	43.2 25th	29.0 5th, 1907
August	53.50	52.848	62.52	64.435 24th	90.8 24th, 1918	43.2 23rd	35.5 25th, 1926
September	54.91	55.325	67.35	66.117 21st	92.1 28th, 1939	44.6 4th	39.8 4th, 1921
October	60.07	57.497	70.88	70.566 25th	95.6 31st, 1915	48.8 2nd	42.0 11th, 1943
November	61.61	62.781	73.10	74.725 25th	100.3 25th, 1927	49.2 28th	44.0 15th, 1924
December	64.00	65.444	75.01	74.937 17th	100.9 26th, 1941	47.4 12th	45.1 30th, 1931
		1945					
January	66.75	66.351	81.15	80.426 12th	99.2 27th, 1929	60.95 59.350	42.2 7th, 1918
February	64.61	65.447	83.62	80.040 25th	103.8 14th, 1924	60.00 59.218	45.6 28th, 1928
March	63.86	63.246	80.96	78.708 25th	101.0 19th, 1927	59.11 57.013	46.8 1st
April	60.05	58.931	75.10	73.203 3rd	102.9 1st, 1925	57.24 54.039	40.8 30th
May	57.15	55.295	67.29	67.919 8th	95.5 3rd, 1932	53.30 53.839	40.3 21st, 22nd
June	54.34	52.874	62.526	77.2 16th	85.7 22nd, 1912	51.28 48.790	36.2 45.0 26th
Year	59.49	58.930	71.02	71.424 25/2/45	99.8 14/2/1924	55.10 53.504	29.0 25/7/44 & 23/8/44

Table V.—Rainfall and Humidity, 1944-45.

Month.	Amount in inches.	Average for 38 years in inches, 1st July, 1906 to 30th June, 1944.	No. of rainy days.	RAINFALL.		HUMIDITY.	
				Greatest fall in one day for 38 years, 1st July, 1906 to 30th June, 1944.	Amount in inches.	Date.	Mean Saturation 100.
1944							
July ..	3.68	3.29	15	13.81	0.65	18th	2.67
August ..	4.03	2.56	17	13.16	0.62	9th	1.90
September ..	2.24	2.05	10	11.05	0.86	12th	1.45
October ..	1.83	1.31	9	8.49	0.54	4th	1.55
November ..	0.76	1.01	8	6.86	0.30	28th	2.35
December ..	0.97	0.79	8	5.48	0.51	10th	1.61
1945							
January ..	0.06	0.63	2	3.78	0.04	21st	1.50
February ..	..	0.05	0.57	4.16	0.05	10th	1.12
March ..	..	0.23	0.73	5.43	0.18	1st	1.08
April ..	..	2.21	1.71	9	9.13	8th & 26th	1.62
May ..	..	6.92	2.82	11.86	0.34	21st	1.62
June ..	..	5.85	3.58	17	13.19	19th	2.65
Year ..	28.83	21.05	115	106.40	2.40	21/5/1945	2.76
						19/5/1911	78.95
							76.64

Table W.—Earth Temperature, 1944-45.

Month.	Range at one foot. °F	Range at one foot, 38 years, 1st July, 1906, to 30th June, 1944. °F	Range at two feet. °F	Range at four feet. °F	Range at four feet, 38 years, 1st July, 1906, to 30th June, 1944. °F	Range at four feet, 38 years, 1st July, 1906, to 30th June, 1944. °F
					1944	1945
July	53.0 to 57.0	49.2 to 64.0
August	54.0 to 58.8	50.9 to 62.6
September	56.0 to 65.8	50.9 to 67.9
October	62.0 to 72.4	57.1 to 75.9
November	69.0 to 75.4	59.3 to 83.0
December	70.2 to 78.0	63.0 to 83.8
						72.0 to 76.4
						60.5 to 80.5
						71.2 to 74.2
						63.8 to 81.4
						54.0 to 61.3
						57.0 to 60.8
						59.6 to 60.2
						53.8 to 62.0
						60.2 to 63.0
						55.0 to 66.0
						58.0 to 72.8
						63.6 to 68.0
						68.2 to 71.8
						60.5 to 79.7
						68.2 to 71.8
						60.8 to 76.2
						63.6 to 71.8
						60.5 to 79.7
						68.2 to 71.8
						60.5 to 79.7
						63.8 to 81.4
						53.0 to 62.9
						53.0 to 62.0
						55.0 to 62.0
						57.0 to 65.5
						56.8 to 73.8
						60.2 to 63.0
						55.0 to 66.0
						58.0 to 72.8
						63.6 to 68.0
						68.2 to 71.8
						60.5 to 79.7
						68.2 to 71.8
						60.8 to 76.2
						63.6 to 71.8
						60.5 to 79.7
						68.2 to 71.8
						60.5 to 79.7
						63.8 to 81.4
						53.0 to 62.9
						53.0 to 62.0
						55.0 to 62.0
						57.0 to 65.5
						56.8 to 73.8
						60.2 to 63.0
						55.0 to 66.0
						58.0 to 72.8
						63.6 to 68.0
						68.2 to 71.8
						60.5 to 79.7
						68.2 to 71.8
						60.8 to 76.2
						63.6 to 71.8
						60.5 to 79.7
						68.2 to 71.8
						60.5 to 79.7
						63.8 to 81.4
						53.0 to 62.9
						53.0 to 62.0
						55.0 to 62.0
						57.0 to 65.5
						56.8 to 73.8
						60.2 to 63.0
						55.0 to 66.0
						58.0 to 72.8
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						63.8 to 81.4
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						55.0 to 62.0
						57.0 to 65.5
						56.8 to 73.8
						60.2 to 63.0
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						55.0 to 62.0
						57.0 to 65.5
						56.8 to 73.8
						60.2 to 63.0
						55.0 to 66.0
						58.0 to 72.8
						63.6 to 68.0
						68.2 to 71.8
						60.5 to 79.7
						68.2 to 71.8
						60.8 to 76.2
						63.6 to 71.8

Table X.—Bright Sunshine, 1944-45.

Month.	Total Hours.		Most in one day and date.		Average for 38 years, 1st July, 1906, to 30th June, 1944.	Most in one day and date for 38 years. 1st July, 1906, to 30th June, 1944.	Date.
	Hours.	Minutes.	Hours.	Minutes.			
1944							
July ..	162	10	9	25	31st	182	45
August ..	182	55	9	50	23rd	202	24th, 1908
September ..	241	35	10	55	28th	214	29th, 1932
October ..	250	40	11	55	17th	270	15th, 1906
November ..	279	20	12	40	20th	292	13th, 1931
December ..	329	40	13	00	21st	328	28th, 1906 & 30th, 1940
							5th, 1915
1945							
January ..	367	25	13	00	2nd, 4th & 16th	340	20
February *	..	..	..	..	..	290	13
March ..	..	..	..	..	..	279	05
April ..	..	..	..	..	..	55	12
May ..	..	..	..	..	..	221	10
June ..	..	..	..	..	..	194	00
						165	00
Year ..	..	..	..	..	..	21	45
						9	5/12/1915
						27	13
						2,983	45

28.

* Sunshine-recorder withdrawn.